



(Dept. Use Only)
Permit # _____

CITY OF GALT
Community Development Department, Building Department
495 Industrial Drive, Galt, CA 95632
Phone (209) 366-7200 • Fax (209) 744-1642
Web address: www.ci.galt.ca.us

TEMPORARY CERTIFICATE OF OCCUPANCY APPLICATION

Project Address _____

Project Description _____

Property Owner _____ **Phone #** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Personnel Associated with Contractor's License _____ **Phone #** _____

E-mail _____ **Cell #** _____ **Fax #** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

License Type _____ **No.** _____ **Expiration Date** _____

| The items listed below must be included and are necessary to process the Temporary Certificate of Occupancy (TCO) Application: | CHECK OFF |
|--|--------------------------|
| Payment of Temporary Certificate of Occupancy Fee See current fee schedule @ http://www.ci.galt.ca.us/Modules/ShowDocument.aspx?documentid=14714 | <input type="checkbox"/> |
| An Application Request Letter (ARL) outlining the reason for the request and time frame for completion of all outstanding items; along with proof of all other applicable agencies approval and/or Temporary Certificate of Occupancy conditions (see sample on page 2 of this document). | <input type="checkbox"/> |
| Fire Department - Proof of Approval of TCO or TCO Conditions - Attached and Referenced on ARL Cosumnes Community Services District Fire Department, Fire Prevention Bureau 10573 East Stockton Blvd Elk Grove, CA 95624 Phone: (916) 405-7100 Fax: (916) 685-6622 | <input type="checkbox"/> |
| Planning Department - Proof of Approval or TCO Conditions - Attached and Referenced on ARL | <input type="checkbox"/> |
| Public Works Department - Proof of Approval or TCO Conditions - Attached and Referenced on ARL | <input type="checkbox"/> |
| Health Department - Proof of Approval or TCO Conditions - Attached and Referenced on ARL Sacramento Environmental Management Department 10590 Armstrong Ave, Mather, CA 95655 Phone: (916) 875-8484 | <input type="checkbox"/> |
| Building Department - Proof of Approval of TCO Conditions or TCO Conditions - Attached and Referenced on ARL | <input type="checkbox"/> |

Personnel Associated with Contractor's License Signature

Date

Property Owner Signature

Date

**TEMPORARY CERTIFICATE OF OCCUPANCY
SAMPLE APPLICATION REQUEST LETTER (ARL)**

(Please place on your company's letterhead)

_____, 2016
City of Galt Community Development Department
Attn: Chief Building Official
495 Industrial Way
Galt Ca, 95632

Re: (Business Name) _____ (Building Permit No) _____

(Address) _____

I/We request that a Temporary Certificate of Occupancy be issued at the above noted business location to be in effect on _____ and expire at 12:00 noon on _____.
(Effective Date) (Ending Date)

(Note: Maximum of two weeks from date of inspection)

We acknowledge that the following lists of items are yet to be completed:

A) Fire Department (Proof of Approval of TCO or TCO Conditions must be referenced and Attached)

- 1.
- 2.

B) Planning Department (Proof of Approval of TCO or TCO Conditions must be referenced and Attached)

- 1.
- 2.

C) Public Works Department (Proof of Approval of TCO or TCO Conditions must be referenced and Attached)

- 1.
- 2.

D) Health Department (Proof of Approval of TCO or TCO Conditions must be referenced and Attached)

- 1.
- 2.

E) Building Division (Proof of Approval of TCO or TCO Conditions must be referenced and Attached)

- 1.
- 2.

THE FOLLOWING MUST BE INCLUDED IN THE LETTER:

Prior to the expiration of the Temporary Certificate of Occupancy, we will ensure that all discrepancies, correction notices, outstanding items stated in the above list and all other applicable items are resolved to the full satisfaction of the City of Galt.

However, if we fail to comply by the expiration date, we will cease all occupancy and vacate the premises until the building/structure is brought under full compliance.

Signature of Business Owner

Print Signature Name:

Title:

Business Name:

Phone No:

Fax No:

Email:

Signature of Person Associated with License

Print Signature Name:

Title:

Business Name:

Phone No:

Fax No:

Email: