



## TEMPORARY CERTIFICATE OF OCCUPANCY (TCO) APPLICATION

Crook County Community Development  
300 NE 3RD ST, RM #12, Prineville OR 97754  
Phone: (541) 447-3211 Fax: (541) 416-2139  
Email [bld@crookcountyor.gov](mailto:bld@crookcountyor.gov)

Received:

### PROJECT INFORMATION

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Area/s to be occupied: \_\_\_\_\_ EST. Date of final Inspection: \_\_\_\_\_  
Reason for request: \_\_\_\_\_  
\_\_\_\_\_

### ACKNOWLEDGEMENTS

Per 2022 OSSC 111.3 & 2021 ORSC R110.4, The building official is authorized to issue a temporary certificate of occupancy before the completion of the entire work covered by the permit, provided that such portion or portions shall be occupied safely. The building official shall set a time period during which the temporary certificate is valid.

Applicant initial: \_\_\_\_\_

The building official has the authorization to revoke a certificate of occupancy. Per 2022 OSSC 111.4 & 2021 ORSC R110.5.

Applicant initial: \_\_\_\_\_

By signing, I hereby acknowledge that the information provided is true to the best of my knowledge and I understand the above acknowledgments.

OWNER SIGNATURE: \_\_\_\_\_ OWNER PRINT: \_\_\_\_\_

OWNER CONTACT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ AGENT PRINT: \_\_\_\_\_

AGENT CONTACT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

Sign Off's:

Structural: \_\_\_\_\_ Mechanical: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Electrical: \_\_\_\_\_ Suppression: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Alarm: \_\_\_\_\_

Conditions set forth by Building Official: \_\_\_\_\_  
\_\_\_\_\_

Date TCO is valid till: \_\_\_\_\_

TCO Is Hereby

☐ Approved

☐ Denied

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_