MABCD Application for Temporary Certificate of Occupancy

If the Building Official finds that no substantial hazard will result from the occupancy of a building or portion thereof before the building is completed, a Temporary Certificate of Occupancy may be issued for the use of the building or portions thereof prior to completion of the entire building or project. The following is a guide to be used to determine eligibility for a Temporary Certificate of Occupancy as provided in Section 110.4 of the International Residential Code or Section 111.3 of the International Building Code as required by MABCD Directive #14-B7 - Procedure for issuance of a Temporary Certificate of Occupancy. All Applicable items on this form shall be initialed by the appropriate inspector and the signature block following each section, shall be signed and dated by the inspector, prior to occupancy by anyone other than those involved with the actual construction or remodeling of the project.

ALLOW THREE (3) BUSINESS DAYS FOR PROCESSING

Please PRINT

TO BE FILLED OUT BY THE CONTRACTOR IN ITS ENTIRETY

MABCD Permit # ______________________________  Address ______________________________________________

Construction Type ____________________________  Classification of Occupancy ______________________________

Property Owner of Project (print) ______________________________________________________________________

Reason Why Temporary Certificate of Occupancy is needed:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

DATE TCO is to start: ___________________________ DATE TCO expires: __________________________

Contractor Signature & Date of Agreement: ________________________________________________________________

Owner Signature & Date of Agreement: ________________________________________________________________

NOT VALID UNTIL APPROVED AND POSTED ON JOB SITE
To be completed by the inspectors of each section, mark each item either - Yes, No or N/A for not applicable.

### Building:

1. Exit Systems are complete & unobstructed by scaffolding, ladders, construction materials, etc.  
2. Fire resistive walls & assemblies are complete, rated walls, labeled doors, closures, etc.  
3. Guardrails & Handrails are complete.  
4. Address markers are in place.  

**Verified by __________________________ Date: ________**

### Electrical:

1. All required exit signs & emergency lighting are complete and operational.  
2. All service equipment is installed, and all live parts are totally enclosed.  
3. All panels, boxes & equipment accessible to the occupants of the building are properly enclosed.  

**Verified by __________________________ Date: ________**

### Plumbing:

1. At least one water closet & Lavatory for each sex is complete & operational, if required.  
2. No Hazards have been observed in the gas, water or drainage piping.  
3. All gas appliances are installed & meet all combustion-air & venting requirements.  

**Verified by __________________________ Date: ________**

### Mechanical:

1. All furnaces are installed, and meet all clearances, venting, and combustion air, and are provided with permanent access.  
2. All exhaust & grease hoods are installed, tested and operational.  
3. All required HVAC systems, fire smoke dampers and smoke actuated shut-offs are installed, and provided with permanent access.  

**Verified by __________________________ Date: ________**

### Fire Department:

1. Fire access/ Fire lanes are installed and operational.  
2. Fire hydrants are within the required distance, tested and operational.  
3. Automatic fire suppression systems have been tested & are operational.  
4. Fire extinguishers are in place.  
5. Fire detection/ alarm systems have been tested and are operational.  
6. Additional requirements below:  

**Verified by __________________________ Date: ________**

### MABCD Water Well/Wastewater *

* Unincorporated construction only

**Verified by __________________________ Date: ________**

### MABCD Elevator Inspector (if required)

**Verified by __________________________ Date: ________**

### Deficiencies:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

MABCD Building Inspector Signature (last to sign off)

**Verified by __________________________ Date: ________**

TCO Approval

**DATE: __________**