



BUILDING DEPARTMENT

190 Malabar Road SW • Suite 105 • Palm Bay, Florida 32907

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APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY (TCO)

Permit Number: _____ Project Name: _____

Construction Address: _____

Contractor/Owner Name: _____

Phone #: _____ Email: _____

Requirements for requesting a TCO:

- What part of the building will be used under the TCO and for what purpose?
- List any items not completed at the time of request.
- What is the time frame for completion?

Reason for requesting the TCO (*attach additional sheet if necessary*):

Contractor or Owner/Builder Signature

Date

BELOW THIS LINE IS FOR OFFICE USE ONLY

Permit Status: Approved Denied

Permit Number (*if approved*): _____

Signature: _____ Date: _____