



CITY OF BOYNTON BEACH
BUILDING DEPARTMENT
100 EAST OCEAN AVE BOYNTON BEACH FL 33435
(561)742-6000

**APPLICATION FOR
TEMPORARY/PARTIAL CERTIFICATE OF OCCUPANCY**

Fee: \$450.00

Tenant	Permit #
Job Address	Unit
Contractor of Record	Phone
Qualifier/Authorized Agent	Email

We, the undersigned, are requesting a Temporary/Partial Certificate of Occupancy (hereinafter, "the TCO") for the building, or portion of the building, identified by the job address stated above in relation to work done under the permit number (hereinafter, "the permit") stated above.

We understand and agree to comply with the following stipulations:

1. The TCO is valid for thirty (30) days and expires at 11:59pm on the thirtieth (30th) day from the date of issuance.
2. All means of egress shall be kept clear and accessible while the building is being occupied. All life safety systems shall be maintained and operable at all times. All equipment and facilities shall be maintained in such manner that there is no hazard to life or property. The TCO may be revoked by the Building Official at any time should the space become unsafe or if any code violation(s) affecting the proper occupancy of the area is evident.
3. The undersigned hold harmless from any liability the City of Boynton Beach in the event of any accident or damage to life or property.
4. Issuance of the TCO does not constitute in itself permission to operate a business.
5. The TCO is issued for the work completed under the permit. If the permit is allowed to expire, the TCO will automatically be revoked, and the space must be vacated immediately.
6. Expiration or revocation of the TCO may result in the issuance of a Notice of Violation and/or disconnection of utility services.
7. It is the responsibility of the contractor and property owner to monitor the progress of the work covered under the permit until a permanent Certificate of Occupancy is issued.

Contractor _____
(Signature)

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____ (month), _____ (year),
by _____ (name of signer).

Notary's signature _____ (SEAL)

Notary's name, printed, typed or stamped

Personally known _____ OR produced identification _____
Type of identification produced _____

Tenant _____
(Signature)

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____ (month), _____ (year),
by _____ (name of signer).

Notary's signature _____ (SEAL)

Notary's name, printed, typed or stamped

Personally known _____ OR produced identification _____
Type of identification produced _____

FOR OFFICE USE ONLY

Approved by _____

Date of Approval _____