



# City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT

65 W. Alisal Street • Salinas, California 93901  
(831) 758-7251 • (831) 758-7938 (Fax) • www.ci.salinas.ca.us

## TEMPORARY CERTIFICATE OF OCCUPANCY

- All required department clearances have been received and has signed off on the issued job card.
- I understand that the temporary occupancy is being authorized for this address for temporary purposes only and will expire at the date referenced below.
- A check or cash in the amount of **\$2,000** is hereby deposited (\$437. 00 service charge and \$1,563.00 **bond**) with the City of Salinas to assure that this address will receive a final building inspection and receive a Certificate of Occupancy, before the Temporary Certificate has expired. If the permit expires or the type of occupancy marked above has changed, I understand that I immediately forfeit the **bond**.
- I understand that after a final inspection has been performed and a Certificate of Occupancy has been issued, the funds deposited, less the \$437.00 service charge, will be refunded to me following standard City refund policy.
- I understand that if this temporary occupancy expires, I will immediately forfeit the deposit and P. G. & E. will be requested to immediately terminate the gas and/or electrical service.

### REQUEST for TEMPORARY OCCUPANCY

Address: \_\_\_\_\_ Permit: \_\_\_\_\_ Number of Days Requested: \_\_\_\_\_

Request by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Contractor of Record

\_\_\_\_\_ Placement of furniture, (including desks, chairs, typewriters, etc.), personal property, shelving, storage racks, stock, merchandise, equipment, machinery and/or fixtures in the building.

\_\_\_\_\_ The presence of persons, other than construction staff, for any purpose including the moving in of building tenants, employee training, employment recruitment, stocking of shelves, office use.

\_\_\_\_\_ Open the facility to the public for operational use.

\_\_\_\_\_ Other: \_\_\_\_\_

### AUTHORIZATION

Passed by: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Days Approved: \_\_\_\_\_

Inspector

### REFUND REQUEST

Request by: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

*Refund check will be sent to the payee.*

Final Inspection/Certificate of Occupancy Completed by: \_\_\_\_\_ Date: \_\_\_\_\_