

**TEMPORARY
CERTIFICATE OF
OCCUPANCY
APPLICATION**



Permit No. _____

Project Address: _____

Building No. _____ Floor No. _____ Suite No. _____

Building Inspector: _____

Initial TCO _____ Renewal _____

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Payment receipt will be mailed or emailed to address listed)

Send or deliver this application with payment to:

City of Cincinnati
Department of Buildings & Inspections
805 Central Avenue, Suite 500
Cincinnati, Ohio 45202
ccpbpermitcenter@cincinnati-oh.gov

Your Temporary Certificate of Occupancy will be mailed to the applicant's address upon receipt of payment.