



BUILDING CODES DIVISION
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FOR OFFICIAL USE ONLY
C of O PERMIT #
Project #
TCO #
DATE

CERTIFICATE OF OCCUPANCY APPLICATION

Please complete the following information

Project Address: _____

Project/Tenant Name: _____

APPLICANT	PERMIT NUMBERS
Business name:	Main Building:
Contact name:	Mechanical:
Address:	Fire Alarm:
City/State/ZIP:	Fire Sprinklers:
Phone:	Electrical:
E-mail:	Limited Energy:
PROPERTY OWNER	Plumbing Exterior:
Name:	Plumbing Interior:
Address:	Grading:
City/State/ZIP:	OTHER: (LIST TYPE & NUMBER)
Phone:	
CONTRACTOR	
Business name:	
CCB#	
Phone:	