BUILDING PERMIT # _____
RECEIPT # _____

RUTHERFORD COUNTY BUILDING AND CODES DEPARTMENT

One Public Square South, Room 101
Murfreesboro, TN 37130

Telephone: (615) 898-7734
Fax: (615) 898-7941

APPLICATION FOR CONDITIONAL USE OF OCCUPANCY

If any owner/contractor requests a certificate of occupancy prior to completion/acceptance of project, this Agreement must be signed prior to the issuance of the conditional use of Occupancy. By signing this Agreement and by making the required deposit, the general contractor or owner, and depositor agree that the conditions will be corrected/completed within the time specified. **In the event the conditions are not corrected/completed with in the time specified, or if the structure is occupied without approval, the deposit will not be refunded.** Forfeiture of the deposit does not constitute authority to violate or to set aside any provisions of the adopted codes or ordinance of Rutherford County. The Permit holder may be cited to General Sessions Court for failure to comply with these provisions.

It is the responsibility of those signing the agreement to request a re-inspection when conditions are corrected or completed within the time specified. A final certificate of occupancy is still required.

Project Address:_____ Inspector:_____

Location:_____ Issue Date:_____

Owner:_____ Applicant phone:_____

Contractor:_____ Refund to:_____

Condition(s):_____

_____

CONDITIONAL USE OF OCCUPANCY

* TEMPORARY CONDITIONAL USE BUILDING INSPECTION MUST BE COMPLETED PRIOR TO OCCUPANCY.

_____

_____

_____

Yes [ ] No [ ] Temporary Electric Release Only Issued. Date Issued: _____

Yes / No Building approved for occupancy prior to final inspection. See Attached Inspection.

DEPOSIT AMOUNT REQUIRED: $_____+ $85 processing fee. TOTAL DUE: $_____

****If the work is not complete by the completion date requested I understand I will forfeit this deposit.**

****Completion Date Requested: _____**

Signature of Contractor/Owner: _____CODE OFFICIAL APPROVAL_____