



**COUNTY OF LAKE
COMMUNITY DEVELOPMENT DEPARTMENT**

Courthouse - 255 N. Forbes Street • Lakeport, California 95453 • FAX (707) 263-2225
Building & Safety Division (707) 263-2382 • Planning Division (707) 263-2221

TEMPORARY OCCUPANCY PERMIT

LEGAL OWNER: _____ PERMIT #: _____

MAILING ADDRESS: _____

SITUS ADDRESS: _____ APN: _____

REASON FOR REQUEST: _____

BUILDING INSPECTOR'S DECLARATION: I have completed a Temporary Occupancy Inspection of this structure. ALL Health and Safety items have been corrected and a list of correction items required to be completed for Final Inspection has been approved by the owner and is made part of this permit.

Inspector's Signature _____ Date: _____

OWNER'S DECLARATION: I have read and approved the list of correction items to be completed for the Final Inspection. I agree to complete all Building Inspection Correction Items and to schedule a Final Inspection with the Building & Safety Division no later than 180 days (6 Months) from the date of this permit. I understand that failure to do so can result in forfeiture of my deposit and expiration of my permit.

Owner's Signature _____ Date: _____

AGENCY REVIEW

DEPARTMENT OF PUBLIC WORKS

Cost Estimate: _____ X 150% Total Due: \$ _____

Date Paid: _____ Dept. Initials _____ Receipt #: _____

PLANNING DIVISION

Cost Estimate: _____ X 150% Total Due: \$ _____

Date Paid: _____ Dept. Initials _____ Receipt #: _____

BUILDING & SAFETY DIVISION

ISSUANCE FEE: \$50.00

Date Paid: _____ Dept. Initials _____ Receipt #: _____

INSPECTION CRITERIA

TEMPORARY OCCUPANCY PERMIT

1. All Life and Safety Items **MUST** be complete prior to granting Temporary Occupancy, including but not limited to:
 - A. Handrails and Guardrails on stairs, decks, and landings as required.
 - B. Level landings at exterior doors.
 - C. Smoke/Carbon Monoxide alarms.
 - D. Egress windows in sleeping rooms.
 - E. Self-closing fire rated door between dwelling and garage if connected.
 - F. Ability to provide continuous source of Heat at minimum 68 degrees.

2. All Health and Safety Items **MUST** be complete, including but not limited to:
 - A. One complete bathroom including fixtures, floor coverings, hot & cold water.
 - B. Working sinks in the kitchen, floor coverings, hot & cold water.
 - C. Agreement to the "Correction List to Final".
 - D. Completion of the "Temporary Occupancy Permit" form with other Agencies Approvals as Required.

FINAL INSPECTION

1. Completion of the correction list in item "C" above.
2. "Sign Off" by other Agencies and County Departments.
3. Notation on the Job Jacket, and the Inspection Card, of any items on the Approved Plans that are not being required for the "Final" Inspection.

THE FOLLOWING ARE NOT REQUIRED TO FINAL A SINGLE FAMILY DWELLING:

- Interior Paint
- Sheetrock texture
- Free Standing kitchen appliances
- Floor coverings other than required
for Temporary Occupancy
- Interior doors other than Bathroom

Other items not of a Health and Safety nature may also be considered on a case by case basis.