



City of Santa Fe Springs Fire Department
11300 Greenstone Avenue, Santa Fe Springs Ca., 90670
Phone (562) 906-3803 FAX (562) 941-1817

Guidelines for Temporary Certificate of Occupancy

SCOPE

This guideline shall apply to new construction, and shall apply to existing buildings when changes made in the character or use of the building or occupancy affect the delivery of fire protection. The Fire Chief may waive any of these requirements upon receipt of alternate means and methods that may meet the intent of this guideline.

PURPOSE

The intent of this guideline is to provide the details necessary for temporary certificate of occupancy in the City of Santa Fe Springs.

REQUIREMENTS

- 1) Complete the application and obtain fire department approval before occupying the building.
 - 2) The maximum duration for temporary certificate of occupancy is 45 days.
 - 3) Temporary certificate of occupancy may be suspended or revoked if it is determined that the building is in violation of any building or fire regulation.
 - 4) Final electrical inspection shall have been obtained, verified by signature on the job card.
 - 5) The approved Application for Temporary Certificate of Occupancy shall remain on the job site
 - 6) Adequate fire department access must be present at all times.
 - 7) All life safety systems, including existing systems, automatic fire sprinkler systems, fire alarm systems, emergency lighting and others, must be fully operational.
 - 8) The entire building shell must be fully complete.
 - 9) Construction must be substantially complete and limited to finish work
 - 10) Portions of the structure subject to the temporary certificate of occupancy may be occupied safely and present no threat of fire or to the life, health, or welfare of the occupants or public.
- Other)



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Application for Temporary Certificate of Occupancy

Applicant:

Address:

Proposed Tenant:

Address:

Project Manager:

Contact Phone Number:

Proposed Occupancy:

Date of Request:

Date of Project Completion:

Area(s) Requested for Occupancy:

Reason for Request:

Identify Work That is not Complete:

As Owner/Contractor, I fully understand and agree to conform to the provisions of this application and any conditions associated with the temporary certificate of occupancy approval. We will schedule inspections to insure that all issues as stated in the above are resolved to the full satisfaction of the Fire Department in a timely manner. However, if we fail to comply by the expiration date, we will cease all occupancy and vacate the premises until the building is brought to full compliance.

Print Name:

Phone Number:

Sign Name:

Date:

Fire Department Use

TCO is Subject to the Following Conditions:

TCO Effective:

TCO Valid Until:

Approved By:

Date: