



Date: _____

Orange County Division of Building Safety
201 South Rosalind Avenue
Post Office Box 2687, Orlando, Florida 32802-2687 Phone:
407-836-5550
www.ocfl.net/building

Application for Temporary Certificate of Occupancy or TCO Extension

Permit Number: _____ New TCO TCO Extension

Project Address: _____

Project Name: _____ Project Completion Date: _____

Select one: Stocking Training Stocking & Training Business Operations

Provide a detailed explanation for the TCO request below.

Specify all areas of access to be included:

Initial _____ 1. Orange County Code Chapter 9 provides for issuance of Temporary Certificate of Occupancy (TCO) to use a portion or portions of a structure prior to the completion of the entire structure if the Building Official finds that no substantial hazard will result, and the portion(s) comply with the provisions of the technical codes and other applicable standards. TCOs are subject to the conditions as deemed appropriate by Orange County. A processing fee must accompany this request and any re-inspection fees and/or impact fees must be paid prior to the submittal of the TCO request. This form is to be signed by the Contractor of Record only; powers of attorney are not accepted.

Initial _____ 2. Orange County Division of Building Safety may suspend or revoke the TCO if it is determined that the building is in violation of any Orange County code(s) or regulation(s). TCOs are issued for a period of 30 days. If after the 30-day TCO period, the project has not passed final inspections, a TCO extension must be submitted along with an explanation. All TCO applications and extensions must be reviewed by all applicable divisions/departments. TCO Extensions will also require a processing fee.

For fees please refer to the [Orange County Fee Directory](#).

CONTRACTOR'S AFFIDAVIT: I hereby certify that I am aware of my responsibility to obtain all final Inspections and to obtain the required permanent Certificate of Occupancy or an extension of this TCO by the end of the 30-day period. I understand that sanctions against my license may be imposed for violations of these provisions.

Contractor Name: _____

Owner Name: _____

Signature: _____

Signature: _____

Notary Public, State of Florida
County of _____

The foregoing instrument was acknowledged before me on _____ by _____ by means of _____ physical presence or _____ online notarization, who is personally known to me or has produced _____ as identification.

Notarized Owner Signature only required for Business Operations

Notary Public, State of Florida
County of _____

The foregoing instrument was acknowledged before me on _____ by _____ by means of _____ physical presence or _____ online notarization, who is personally known to me or has produced _____ as identification.

Notary Signature: _____

Notary Signature: _____

