



**CERTIFICATE OF OCCUPANCY / COMPLETION REQUEST FORM**

EMAIL TO: [PERMITS@CITYOFMILTONGA.US](mailto:PERMITS@CITYOFMILTONGA.US)

Request Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_ Lot/Bldg/Suite#: \_\_\_\_\_

Subdivision Name (or N/A): \_\_\_\_\_

Occupancy Type:     Residential             Commercial

**\*\*\*CERTIFIED DUCT & ENVELOPE TIGHTNESS INSPECTION REPORTS ARE  
REQUIRED FOR NEW RESIDENTIAL CONSTRUCTION**

**\*\*\*COMMERCIAL PROJECT MUST SUBMIT PROJECT AS BUILT FLOOR PLAN  
AND TEST AND BALANCE REPORT**

General Contractor: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING. ADDITIONAL  
INFORMATION MAY BE NECESSARY TO APPROVE CERTIFICATE.**

**FOR CITY USE ONLY**

Department	Date of Final Inspection	Inspection Performed by	Released YES / NO / HOLD
Arborist			
Building Inspection			
Finance			
Fire Marshall			
Land Development			
Zoning			
Impact Fees			

NUMBER OR RE-INSPECTIONS: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

