



CERTIFICATE OF OCCUPANCY / COMPLETION REQUEST FORM

FAX TO 678-242-2550

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

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: _____

