



**TEMPORARY
CERTIFICATE OF
OCCUPANCY
APPLICATION**

Address: _____

Plan No. _____ Bldg. No. _____ Floor No. _____ Suite No. _____

Building Inspector: _____

APPLICANT INFORMATION

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

(Payment receipt will be mailed to this address)

Send or deliver this application with payment to:

City of Cincinnati
Department of Buildings and Inspections
3300 Central Parkway
Cincinnati, Ohio 45225

**Your Temporary Certificate of Occupancy will be mailed to the
applicant's address upon receipt of payment.**