



IREDELL COUNTY DEVELOPMENT SERVICES

PO BOX 788 – STATESVILLE
349 N CENTER ST / BUILDING STANDARDS CENTER

Central Permitting: 704-878-3113

Commercial Plans: 704-928-2021

Fax 704-878-3113

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Fax 704-878-3122

TEMPORARY OCCUPANCY APPLICATION/PERMIT

I/We, the undersigned request temporary occupancy for the structure indicated below.

PERMIT #: _____

DATE: _____

OWNER: _____

ADDRESS: _____

Restrictions/conditions: _____

The Inspection Department shall have the electricity disconnected in case of a hazard, illegal occupancy of the building, or the inability, caused by others to make proper inspections. The Inspection Department reserves the right to have the power disconnected for violation of the above without prior notice to the owner or their agent. The applicant has secured written permission from the other contractor's involved in this project and they are aware that power is being connected and the building is being occupied.

Temporary occupancy is issued for thirty (30) days only. Temporary occupancy may be extended for additional thirty (30) day intervals, if justified, for an additional fee per extension. It is the owner/applicant's responsibility to apply for an extension. Temporary occupancy, which has not been extended, will be disconnected without further notice (per section 308.2 of the NC Administrative & Enforcement Code).

BY MY SIGNATURE BELOW I CERTIFY I HAVE READ, UNDERSTAND, AND AGREE WITH THE CONDITIONS OUTLINED HEREIN, AND IF DISCONNECTION OCCURS DUE TO MY NON-COMPLIANCE I AUTHORIZE THE INSPECTION DEPT. AND THE SERVING UTILITY TO DISCONNECT THE POWER AND HOLD THEM HARMLESS FROM ANY DAMAGES WHICH MAY RESULT FROM THEIR ACTIONS. IN ADDITION I CERTIFY THAT I AM THE OWNER OR THEIR AUTHORIZED AGENT.

APPLICANT: _____

(Signature)

Phone: _____

Date: _____

Form Revised 7-1-2014