

Dear Developer/Builder:

In many instances, site work cannot be completed because of weather conditions. Due to this, we have developed a procedure for obtaining a **Temporary Certificate of Occupancy**, effective immediately.

Attached are the City guidelines and form. Please call 765-807-1050 if you have questions.

Sincerely,

Jeromy Grenard
City Engineer

CITY OF LAFAYETTE

CONDITIONAL

**CERTIFICATE OF OCCUPANCY
PROCEDURES**

Applicant must request in writing a Temporary Certificate of Occupancy. Applicant must state specific reasons why the project cannot be completed.

If City Engineer determines a Temporary Certificate of Occupancy is warranted, then the applicant must fill in the attached form and submit a cashier's check or certified check for 150% of the amount shown.

City will deposit the check until the completion date. If work is not completed and inspected by the stated completion date, then the City will complete the project using the check on file.

If the project is completed and inspected by the stated completion date, the City will issue a Certificate of Occupancy and issue a claim to return the deposit to the applicant.

The time allowed on a Temporary Certificate of Occupancy will be determined on a case by case basis. The maximum time allowed will be 180 days.

To receive a final Certificate of Occupancy all work must be completed per the approved plans and appropriate inspections performed within the time extension allowed. As-built plans are required on non-residential projects within 30 days of completion.

Maintenance bonds are required when facilities are turned over to the City for public maintenance.

CONDITIONAL

CERTIFICATE OF OCCUPANCY

**ENGINEER'S OFFICE
CITY HALL, LAFAYETTE INDIANA**

PROJECT # _____

CERTIFICATE ISSUE DATE: _____

ISSUED TO: _____

This certifies that the action or work for which an Improvement Location Permit was issued for the premises identified as:

LOT NUMBER _____ SUBDIVISION _____

ADDRESS _____

Has been inspected and found to be in compliance with the applicable laws of the State of Indiana and Ordinances of the City of Lafayette. Items to be completed are listed below.

CONDITIONS:

COMPLETION DATE: _____

Administrative Officer
Lafayette Indiana



VENDOR INFORMATION FORM

VENDOR NAME: _____ INCORPORATED? YES NO

FEDERAL ID# or SSN: _____

Note: If the information requested above does not reach this office **before** the first invoice is received, legally, backup withholding tax may be deducted.

VENDOR ADDRESS: _____
Street Address

City State ZIP

REMIT ADDRESS: _____
(if different) Street Address

City State ZIP

CONTACT PERSON: _____
Sales or Customer Service Accounts Receivable (if different)

PHONE NUMBER: _____
Sales or Customer Service Accounts Receivable (if different)

FAX: _____
Sales or Customer Service Accounts Receivable (if different)

EMAIL ADDRESS: _____
Sales or Customer Service Accounts Receivable (if different)

PURCHASE ORDER-SPECIFIC EMAIL ADDRESS: _____
(REQUIRED)

TYPE OF PRODUCT(S) OR SERVICE(S): _____

FOR CITY USE ONLY***DEPT REPRESENTATIVES PLEASE COMPLETE *******
DEPT: _____ JUSTIFICATION -SPECIFIC PRODUCT(S)/SERVICE(S): _____

FOR PURCHASING USE ONLY *****

PURCHASING APPROVAL _____ DATE _____ VEND # _____

COMMODITY CODES: _____