



SALT RIVER
PIMA-MARICOPA INDIAN COMMUNITY
10005 EAST OSBORN ROAD / SCOTTSDALE, ARIZONA 85256-9722
PHONE (480)362-7910 FAX (480)362-5908



TEMPORARY CERTIFICATE OF OCCUPANCY GUIDELINES:

A Temporary Certificate of Occupancy is a formal approval by the Building Code Official that enables occupancy or partial occupancy of a building before the building project is completed. A Temp. C of O may be granted for 30 days if the Building Inspection Supervisor finds that no substantial hazard will result from such occupancy.

STEPS TO FOLLOW IN THE APPLICATION:

- ☐ Obtain all required final inspection approvals of structural, electrical, gas, civil, public works, plumbing, health, mechanical, and fire systems from all applicable SRPMIC, State of Arizona, and Federal Department Agencies.
- ☐ Complete a Request for Temporary Certificate of Occupancy Letter outlining the reason for the request and timeframe for completion of all outstanding items.
- ☐ Submit the Request for Temporary Certificate of Occupancy Letter to the Building Inspector Supervisor at michael.hundley@srpmic-nsn.gov.
- ☐ Please be advised that your project may require that you provide documentation of:
 - **SIGNED SPECIAL INSPECTION FORMS/ ELEVATOR/ BOILER/ EMERGENCY GENERATOR**
 - **HVAC SYSTEM TESTING**
 - **WATER SYSTEM STERILIZATION and BACKFLOW PREVENTION TESTING APPROVAL**
 - **WASTE WATER PROTECTION INSPECTION**
 - **SRPMIC HEALTH DEPARTMENT INSPECTIONS** **480-362-7910**
 - **SRPMIC PUBLIC WORKS DEPARTMENT ACCEPTANCE** **480-362-7910**
 - **SRPMIC FIRE DEPARTMENT INSPECTIONS** **480-362-7910**
 - **SRPMIC COMMUNITY DEVELOPMENT DEPARTMENTS INSPECTIONS** **480-362-7910**
 - **SRPMIC ENVIRONMENTAL RESOURCES DEPARTMENT APPROVAL** **480-362-7500**
 - **SRPMIC BUSINESS LICENSE VERIFICATION** **480-362-7649**
 - **SRPMIC ALCOHOL BOARD LICENSE VERIFICATION** **480-362-6896**
 - **INDIAN HEALTH SERVICES APPROVAL** **602-364-5300**
 - **ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSE APPROVAL** **602-364-2536**
- ☐ **Allow 15 working days prior to the date of proposed occupancy to initiate the application process.** Once the Temporary Certificate of Occupancy is approved, a copy will be emailed to the applicants.
- ☐ Temp. C of O are issued for thirty day or 6 months periods, and must be renewed by the applicant at least 3 business days prior to their expiration, and pay all fees due including inspection fees to current billing period. For fee amount visit latest ICC Code Amendment.
- ☐ All fees in conjunction with the permit must be paid, to include impact fees prior to release of the Temp. C of O.



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REQUEST FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Date: _____

Attn: Building Inspection Supervisor
SRPMIC, ECS Compliance Division
10005 E. Osborn Rd., Bldg B, 2nd Floor
Scottsdale, AZ 85256

BUILDING PERMIT #: _____
PROJECT NAME: _____
PROJECT ADDRESS: _____

We request that Temporary Occupancy be granted at the above business location to be in effect on _____ (Effective Date) and expiring at 12:00 noon on _____ (Ending Date). The reason we need the Temporary Occupancy is

Please mark period you are applying for:

☐ 30 days

☐ 6 months

We acknowledge that the following list of items yet to be corrected: (Use separate sheet of paper for additional items)

Building Items:	Electrical Items:
1.	1.
2.	2.
3.	3.
Plumbing/ Mechanical Items:	Fire Items:
1.	1.
2.	2.
3.	3.

We understand we will be re-assessed inspection fees for each of the remaining Final and Certificate of Occupancy Inspections at the time this Temp. C of O is issued. We further understand we will be charged a nonrefundable fee equal to \$1,000 for a 30-days or \$5,000 for a 6 months Temporary Certificate of Occupancy. Before the Temp. C of O expires, we will schedule at least weekly inspections for items in the above list so to resolve these to the satisfaction of both ECS Compliance and Fire Departments. This Temp. C of O is not a guarantee of a Final C of O and if the Temp. C of O expires without issuance of a Final C of O, the property may not be occupied or used for its intended purpose.

Signature of Business Owner

Date

Signature of Construction Company
Representative

Date

Print Name:	Print Name:
Title:	Title:
Business Name:	Business Name:
Phone Number:	Phone Number:
Email:	Email: