

CERTIFICATE OF OCCUPANCY REQUEST

Date: _____

Requested by: _____

Contact Number

Cell Number: _____

Home/Office Number: _____

Address of Subject Property: _____

Plat/Lot: _____

Permit Number/Date: _____

Please Check One:

- Temporary Certificate of Occupancy
- Final Certificate of Occupancy

******Please note: Final cost breakdown must be submitted when Certificate of Occupancy is requested.******

PLEASE REQUEST TWO WEEKS IN ADVANCE.

*Inspection and Standards
Structures & Zoning Division
444 Westminister Street, 1st floor
Providence, RI 02903
Phone: 401-680-5201
Fax: 401-680-5482*

Email: waguasvivas@providenceri.gov or mchalas@providenceri.gov