City of Brentwood
Planning and Codes Department
5211 Maryland Way (37027)
P.O. Box 788
Brentwood, TN 37024-0788

Office (615) 371-2204
Fax (615) 371-2233
www.brentwood-tn.org/planning

♦ Request for Temporary Certificate of Occupancy ♦

REVISED JUNE 29, 2014; UPDATED JANUARY 1, 2015 <<

Chapter 14, Article III of the Code of Ordinances of the City of Brentwood:

Subsection 14-73. Temporary Certificate of Occupancy Fee

A $2,000.00 fee shall be required for the issuance of a temporary certificate of occupancy for residential and commercial construction. Upon re-inspection, a sum of $1,750.00 will be refunded to the person or entity that originally paid the fee, if all outstanding items are resolved within 60 days of issuance of the temporary certificate of occupancy and a full certificate of occupancy is subsequently issued as a result of such re-inspection.

Permit Number: _____ Date: _____

♦ **Residential: General Information**

Subdivision Name: _____ Lot Number: _____
Property Street Address: _____

♦ **Commercial: General Information**

Project Name: _____
Property Street Address: _____
Suite Number: _____ Building Name: _____

♦ **Payer Information:**

Payer Name (Company and/or Individual): _____
Mailing Address: _____
City/State/Zip Code: _____
Payer Phone No.: (____)_____Payer Email:_____

_____ _____
Payer Signature Print Name Clearly

***After** a Full Certificate of Occupancy is issued, the Payer shall submit a Request for Refund to Brentwood Planning & Codes to receive the $1,750.00 refund. A check will be mailed to the Company or Individual who paid the fee.*

Office Use Only

_____ _____
Codes Official Signature APPROVAL Codes Official Signature DENIED

_____ _____
Date Reason for Denial - Attach an additional sheet, if necessary)

(This document revised June 29, 2014; Updated January 1, 2015)

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♦ Request for Refund
Temporary Certificate of Occupancy Fee ♦

REVISED JUNE 29, 2014; Updated January 1, 2015

Permit #: _____

Date on Temp. C/O: _____

Payer Name: _____

Mailing Address: _____

Phone Number: _(_____)_____

Email: _____

Name to appear on check (if different): _____

Address to mail check (if different): _____

Chapter 14, Article III of the Code of Ordinances of the City of Brentwood;

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****Issuance of refund check is not immediate and is subject to the policies of the City of Brentwood - Finance Department.***

_____ _____
Payer Signature ***Print Name Clearly***

_____ _____
Title ***Date***

Office Use Only

_____ _____
Codes Official Signature APPROVAL ***Codes Official Signature DENIED***

_____ _____
Date ***Reason for Denial - Attach an additional sheet, if necessary***

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