



**CERTIFICATE OF OCCUPANCY: RESIDENTIAL**

FOR OFFICE USE ONLY	
Submittal Date: _____	Permit #: _____
Ward: _____	Initials: _____

**PLANNING & COMMUNITY DEVELOPMENT**

*eastpointcity.org*

2757 East Point Street, East Point, GA 30344 \* Phone: (404) 270-7212 \* Fax: (404) 270-2784

**Submittal Requirements:**

**ORIGINAL FORM REQUIRED – Original Signatures with Wet Seal – No Copies or Faxes will be accepted**

- All permits must have a final Building Inspection – [Inspection Request Form](#) - before issuance of Certificate. New Construction or projects that ‘disturbed land’ must also have an inspection by the Stormwater Environmental Inspector: James Keen, [jkeen@eastpointcity.org](mailto:jkeen@eastpointcity.org), 404-669-4312.
- Accepted forms of payment: Cash, Credit Card, ATM Card, Cashier’s Check, Business Check or Money Order. **Fees are non-refundable.**

**Reason for CO:**

**New Construction:**

- New from Ground Up
- Addition / Reduction (New SQ Footage)
- Requesting Copy or Reprint of Existing CO
- Other: \_\_\_\_\_

**Conversion:**

- Commercial to Residential
- Single Family Home (SFH) to Duplex (2plx)
- 2plx to SFH

**Classification after Project:**

- SFH
- 2plx
- Town Home - Attached
- Town Home - Detached

**Project Address Information**

Address: \_\_\_\_\_ Building Permit # \_\_\_\_\_

Subdivision: \_\_\_\_\_

Building Height (# of Floors) \_\_\_\_\_ Total Square Footage \_\_\_\_\_ Number of Units \_\_\_\_\_

**Applicant Information**

Designation:  Contractor  Agent  Homeowner  Owner  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

(Applicant's)

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

This notarized Certificate of Occupancy Application certifies that to the best of my knowledge, the information provided herein is true and accurate. I understand that failure to provide accurate information will result in the revocation of the Certificate of Occupancy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires

(Seal)

**SECTION TO BE COMPLETED BY CITY OF EAST POINT**

Permit # \_\_\_\_\_ Date Final Inspection \_\_\_\_\_ Inspector (Initials) \_\_\_\_\_ Zoning \_\_\_\_\_

Zoning / Plan Review Conditions: \_\_\_\_\_

- |   |            |                                       |            |
|---|------------|---------------------------------------|------------|
| <input type="checkbox"/> Permits _____    | Date _____ | <input type="checkbox"/> Zoning _____ | Date _____ |
| <input type="checkbox"/> Building _____   | Date _____ | <input type="checkbox"/> Fire _____   | Date _____ |
| <input type="checkbox"/> Stormwater _____ | Date _____ | <input type="checkbox"/> Other _____  | Date _____ |

**To Be Signed by Applicant at Time of Issuance:**

Date: \_\_\_\_\_ Print: \_\_\_\_\_ Signature: \_\_\_\_\_