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**Certificate of Occupancy Checklist
and Request Form**

Permit #: _____

Job Site Address:	
General Contractor:	Phone:
Contact Person:	Phone:
Contact Email:	

*Prior to requesting a Certificate of Occupancy, ensure that you have submitted, obtained and completed the items applicable to your project, listed below. Please note that it is acceptable to turn in the items with this request form. Once a request for Certificate of Occupancy is made, please allow for **48 hours** to review and process your request. In the event that we cannot issue a Certificate of Occupancy, we will contact you within those 48 hours for additional information.*

If a request for CO is made without the items below being completed, your request will be denied. You will need to resubmit the request once all items are completed, which will restart the 48-hour review processing time. Please plan accordingly.

Residential Projects (Please check off items you have completed/submitted)

- All final inspections have been completed and approved
- Submittal of Energy Reports along with the Energy Rating Certificate
- Submittal of any Special Inspection Reports
- Submittal of Final Home Testing Report
- Submittal of Final ILC and GESC Certificates

Commercial Projects (Please check off items you have completed/submitted)

- All final inspections have been completed and approved
- Final walk through/approval from the Fire Department
 - Final walk through/approval from Planning and Zoning Department
 - Approval from Plum Creek Water Reclamation
 - Submittal of Test and Balance Report
 - Submittal of Special Inspection Reports
 - Submittal of any and all Engineer Reports
 - Submittal of Energy Reports along with the Energy Rating Certificate
 - Completion of release of CO Form
 - Submittal of Final ILC

All Plans and documents stamped as confidential or proprietary are subject to possible disclosure under the Colorado Open Records Act.

Applicant Name *Applicant Signature* *Date*

For Office Use Only

Date Received:	Time Received:	Received By:
All items completed/submitted: YES or NO		Due Date:

Staff Notes:

