



Certificate of Occupancy Application

City of Fremont
400 E Military
Fremont, NE 68025

PERMIT NUMBER _____

DATE _____

- Temporary Certificate of Occupancy
- Certificate of Occupancy

PROPERTY INFORMATION

OWNER OR BUSINESS NAME

ADDRESS (INCLUDE ADDITIONAL INFORMATION SUCH AS ROOM NUMBER, FLOOR, ETC.)

For office use only TCO-CO to be issued upon completion of:

BUILDING PERMIT NUMBER (e.g. BLD-20-00000)

- FIRST FINISH TENANT SPACE
- EXISTING, NO CONSTRUCTION
- REMODEL
- NEW CONSTRUCTION

DATE REQUESTED FOR INSPECTION
(AT LEAST **THREE BUSINESS DAYS** FROM APPLICATION ACCEPTANCE)

COMPLETED CERTIFICATE

- PICK UP
- EMAIL TO: _____

APPLICANT INFORMATION

NAME

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

INSPECTION CONTACT INFORMATION

NAME

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

Email application to Building@fremontne.gov