



City of  
West University  
Place

Public Works Department  
Community Development

## BUILDING-TEMPORARY RELEASE OF UTILITIES

| PROJECT                        |               |          |
|--------------------------------|---------------|----------|
| ADDRESS                        |               |          |
| CITY                           | STATE         | ZIP CODE |
| PERMIT NUMBER                  |               |          |
| CONTRACTOR                     |               |          |
| FIRST NAME                     | LAST NAME     |          |
| PHONE                          | EMAIL         |          |
| COMPANY NAME                   |               |          |
| CONTRACTOR REGISTRATION NUMBER | COMPANY PHONE |          |
| COMPANY ADDRESS                |               |          |

| ACKNOWLEDGMENT  |      |
|---|------|
| <p>I am requesting temporary release of utilities for the purpose of testing equipment and/or performing work to make this building ready for a final inspection.</p> <p>I agree that this building will not be occupied prior to passing <b>all final</b> inspection and a certificate of occupancy is issued. I understand that occupancy of this building prior to final inspections, and the issuance of a certificate of occupancy is a violation of the law.</p> <p>I further acknowledge and agree that any temporary release of utilities, requested by the company I represent, may be denied if the building is occupied prior to passing <b>all final</b> inspections and, obtaining a certificate of occupancy.</p> |      |
| OWNER OF AUTHORIZED REPRESENTATIVE  | DATE |
| PRINT NAME  |      |
| PERMIT HOLDER IF DIFFERENT FROM ABOVE   | DATE |
| PRINT NAME  |      |