



City of
West University
Place

Public Works Department
Development Services

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 all final 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 all final inspections and, obtaining a certificate of occupancy.</p>	
OWNER OF AUTHORIZED REPRESENTATIVE	DATE
PRINT NAME	
PERMIT HOLDER IF DIFFERENT FROM ABOVE	DATE
PRINT NAME	