

**City of Sky Valley  
Development Department**

Permits & Inspections  
3444 Highway 246  
Sky Valley, GA 30537

Phone: 706-746-2204  
Fax: 706-746-5893  
Email: skyvalleycode@windstream.net

**CERTIFICATE OF OCCUPANCY / COMPLETION REQUEST FORM**

*The following must be completed by the applicant*

Request Date \_\_\_\_\_ Permit# \_\_\_\_\_

Residential

Commercial

Building Shell

Interior Finish

Complete Building

Partial / Temporary

Project Address \_\_\_\_\_ Bldg \_\_\_\_\_ Suite # \_\_\_\_\_

Project Name \_\_\_\_\_

Occupancy Type \_\_\_\_\_ Occupancy Load \_\_\_\_\_

Use Classification \_\_\_\_\_

General Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Building Owner \_\_\_\_\_ Address \_\_\_\_\_

Requested By \_\_\_\_\_ Phone \_\_\_\_\_

*(Please print clearly)*

***To be completed by Building Department Staff***

Department	Date Final Inspection	Inspection Performed by	Released (Y/N or NA)
Code Enforcement			
Building Inspection			
Finance			
Fire Department			
Land Disturbance			
Zoning			

All requests will be processed within 7 days. Additional information may be necessary to approve CO or CC.