



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS

STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

CERTIFICATE OF USE AND OCCUPANCY INSPECTION REQUEST

Date: _____ Contact/Phone Number: _____

(Please Print Clearly)

LOCATION OF WORK: _____

OWNER(S) NAME: _____

(CHECK ONE OF THE FOLLOWING) Residential Commercial Other

Scope of Project: _____

Building Permit No.	Approved Date	Mechanical Permit No.	Approved Date
Electrical Permit No.	Approved Date	Demolition Permit No.	Approved Date
Plumbing Permit No.	Approved Date	Flood Permit No.	Approved Date

The Construction work has been done under the supervision of the following:

Owner's Name: _____ Signature: _____

Designer's Name: _____ Signature: _____

Contractor's Name: _____ Signature: _____

DEPARTMENTAL USE ONLY

No. of Stories: _____ Type of Wall: _____ Type of Roof: _____ Type of Floor: _____

No. of Bedroom(s): _____ No. of Bathroom(s): _____ Smoke Detector(s): _____

List additional interior rooms: _____

List additional exterior rooms: _____

Inspected By: _____ Date: _____

Remarks: _____

