



APPLY FOR A CERTIFICATE OF OCCUPANCY (CofO)

with the DC Department of Buildings (DOB)

Sign in with Access DC

Certificate of Occupancy



CERTIFICATE OF OCCUPANCY TENANT CONSENT FORM

Tenant's Name: _____

Address: _____ Unit #: _____

Telephone #: _____ Cell #: _____

The Department of Buildings (DOB) Inspections and Compliance Division

has does not have (check one)

authorization to enter my unit to inspect and ensure compliance with the District of Columbia construction and housing codes. The authorization is valid for the duration necessary to conduct the inspection and any subsequent follow-up inspection(s) as required.

Signed:

Tenant Date

If I am not present for an inspection of my unit, I give _____
_____ (print name of owner or owner's agent) permission to let DOB's
inspectors into my unit to perform the inspection.

Signed:

Tenant Date

Signed:

Owner or Owner's Agent Date

