

❖ NOT FOR RECORDATION PURPOSES ❖

Facility Planning & Control
PARTIAL OCCUPANCY

PROJECT NAME
AND NUMBER:

CMFS No.

CONTRACTOR:

USER AGENCY:

The below described portion of subject project is, to the best of my knowledge and belief, complete to a point where the User desires to use in according with the Contract Documents.

DATE OCCUPIED: _____ .

WARRANTY items covered by Occupancy:

_____	_____
Designer	Date
_____	_____
Contractor	Date
_____	_____
Facility Planning and Control	Date

Punch List: Attached

None

c: User Agency

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