



DEPARTMENT OF PLANNING AND  
COMMUNITY DEVELOPMENT

# CITY OF SUFFOLK

442 W. WASHINGTON STREET., SUITE 1084A SUFFOLK, VIRGINIA 23439-1858  
PHONE: (757) 514-4150 FAX: (757) 514-4199

## RENTAL CERTIFICATE OF OCCUPANCY WAIVER

Date of Request: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner / Agent Name: \_\_\_\_\_

Property Owner / Agent Address: \_\_\_\_\_

Property Owner / Agent Telephone Number: \_\_\_\_\_

Property Owner / Agent E-mail Address: \_\_\_\_\_

\_\_\_\_\_ A Certificate of Occupancy is not needed for the above referenced address. The above referenced property is not located in the Rental Inspection District of the City.

\_\_\_\_\_ The Certificate of Occupancy for the above referenced property is valid. The above referenced property has been inspected within four (4) years.

\_\_\_\_\_ This dwelling or dwelling unit is being occupied by a family member and is not being used as a rental property. **(If it is determined by Planning & Community Development that the property is being used as a rental property, the City will take legal action against the property owner and or agent)**

\_\_\_\_\_ This dwelling or dwelling unit is located in the Rental Inspection District of the City of Suffolk, and is exempt from inspection for 90 days from date of application due to the COVID-19 emergency. By signing below, I am certifying that working smoke detectors are located in each bedroom in the dwelling or dwelling unit.

\_\_\_\_\_  
Property Owner / Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Technician / Clerk Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Code Official Signature

\_\_\_\_\_  
Date