



CITY OF SUFFOLK
Planning & Community Development
442 W Washington St, Suffolk Va 23434
Phone: 757-514-4150 Fax: 757-514-4199
cddapplication@suffolkva.us

RENTAL CERTIFICATE OF OCCUPANCY WAIVER

Property Address: _____

Property Owner / Agent Name: _____

Property Owner / Agent Address: _____

Property Owner / Agent Telephone Number: _____

_____ 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.

_____ This dwelling or dwelling unit is a Sponsored Home located in 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 hallways on each level and in each bedroom in the dwelling or dwelling unit.

Property Owner / Agent Signature

Date

Permit Technician / Clerk Signature

Date

Code Official Signature

Date

rev 11/2/20