

Certificate of Occupancy Application



Permit Number: _____

INCLUDE COPY OF SALES TAX CERTIFICATION AND FLOOR PLAN OF THE ENTIRE TENANT SPACE SHOWING THE AREAS TO BE OCCUPIED WITH EACH ROOM IDENTIFIED AS TO ITS USE INCLUDING SQ. FOOTAGE.

Site Information

Property Address:	Suite #	Name of Business:
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Reason for CO:	Business Use:		Sq. ft.:
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> New Business in Existing Space <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Name	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Wholesale	<input type="checkbox"/> Religious <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Other	
			# Employees:

Business Information:

Company Name:	DBA:
Contact Name:	Contact Email:
Mailing Address:	Office #:
City/State:	Zip:
	Fax #:

Description of Business:

- YES, the occupancy / business involves storage, sale or use of the following (Please check all applicable – below)**
 NO, the occupancy or business does NOT involve storage, sale or use of the any of the following.

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Sales (off-site consumption) | <input type="checkbox"/> High Piled Stock (over 12 feet in height) |
| <input type="checkbox"/> Alcohol Sales (on-site consumption) | <input type="checkbox"/> Welding or Cutting |
| <input type="checkbox"/> Firearms / Accessories Sales or Service | <input type="checkbox"/> Liquid Propane |
| <input type="checkbox"/> Explosives or Ammunition | <input type="checkbox"/> Compressed Gas |
| <input type="checkbox"/> Food Sales / Preparation / Products | <input type="checkbox"/> Flammable or Combustible Liquids (10 gallons or more) |
| <input type="checkbox"/> Outdoor Storage | <input type="checkbox"/> Poisonous / Hazardous Chemicals/Acids |
| <input type="checkbox"/> Smoking / Tobacco Sales | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Vehicle Repair / Sales / Service | <input type="checkbox"/> Other Hazards (specify below): |
| <input type="checkbox"/> Vet Clinic / Animal Boarding | |

Responsible Parties

Owner of Building:	Office #:	Cell #:
Address:	City/State:	Zip: Email:
Property Owner:	Office #:	Cell #:
Address:	City/State:	Zip: Email:

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS CERTIFICATE OF OCCUPANCY AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).

RESPONSIBLE PARTY/TENANT NAME:	SIGNATURE:

<i>(Must be completed by Tenant/Business Owner NOT Contractor)</i>	

CONTACT PHONE:	DRIVERS LICENSE #/STATE:	DATE:
FEE PAID:	R/CVD BY:	DATE:
O.L.:	CONSTRUCTION TYPE:	ZONING:
		IBC CLASS:

SUP Yes No