



CERTIFICATE OF OCCUPANCY APPLICATION

****THIS APPLICATION SHALL BE COMPLETED BY THE PROPOSED OCCUPANT AND SIGNED BY THE BUSINESS OWNER OR RESPONSIBLE AUTHORIZED EMPLOYEE. THIS APPLICATION WILL BE VOIDED IF THE STRUCTURE IS NOT OCCUPIED WITHIN 180 DAYS OF THE INSPECTION DATE.**

BUILDING ADDRESS: _____

BUSINESS NAME: _____

TYPE OF BUSINESS OPERATION:

Sole Proprietor General Partnership LLC Corporation

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

BUSINESS PHONE: _____

CONTACT PERSON: _____

CONTACT PERSON PHONE#: _____

PROPERTY OWNER: _____

PROPERTY OWNER ADDRESS: _____

CITY/STATE/ZIP: _____

PROPERTY OWNER PHONE#: _____

IS THE BUILDING PRESENTLY OCCUPIED? YES NO
*(*If the building will be occupied during the inspection, provide written permission by the current occupant allowing the inspection).*

NUMBER OF STORIES: _____ GROUND FLOOR SQ. FT. _____

MEZZANINE/SECOND FLOOR SQ. FT. _____

SQ. FT. OF BUILDING TO BE OCCUPIED: _____

TOTAL SQ. FT. OF BUILDING: _____
*(*If you are not occupying the entire building, provide a plan showing the occupied area).*

NUMBER OF PERSONNEL: MEN: _____ WOMEN: _____

PREVIOUS USE: _____

PROPOSED USE: _____

DESCRIBE OPERATION IN DETAIL: _____

I understand that a Certificate of Occupancy must be obtained prior to occupancy. Occupying the site prior to obtaining a Certificate of Occupancy may result in additional fees and termination of utility services to the site.

SIGNATURE _____

DATE _____

FOR OFFICIAL USE ONLY

APP. REVIEWED BY: _____

INSPECTION DATE: _____

TIME: _____

FEE: _____

ACCT #: 011.1041.410210

B.L. NO#: _____

APN: _____

SIC: _____

TYPE OF CONST: _____

ZONE: _____

BUILT BEFORE
APRIL 18, 1989: _____

OCC. CLASS: _____

VARIANCE: _____

CUP: _____

BUILDING VACANT-2YR: _____

APPROVED FOR TEMP OCC: _____

_____ DATE

APPROVED FOR OCC: _____

_____ DATE