

APPLICATION FOR CERTIFICATE OF OCCUPANCY

NUMBER: _____ DATE _____

FEE: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE NUMBER: _____

APPLICANT: _____ BUSINESS NAME: _____

HOME ADDRESS: _____ HOME PHONE NUMBER: _____

PROPERTY OWNER: _____ ADDRESS: _____

PREVIOUS USE OF BLDG: _____

PROPOSED USE OF BLDG: _____

FLOOR AREA OF BUILDING: _____ SQ. FT. AREA OF BUSINESS: _____ SQ. FT.

TOTAL NUMBER OF EMPLOYEES: _____ MALE: _____ FEMALE: _____

WILL THERE BE ANY STORAGE, USE OR HANDLING OF FLAMMABLE LIQUIDS, GASES, SOLIDS OR EXPLOSIVES? YES: _____ NO: _____ IF YES SPECIFY KIND AND QUANTITY _____

WILL THERE BE ANY OUTSIDE STORAGE OF GOODS, MATERIALS OR EQUIPMENT? YES: _____ NO: _____ IF YES SPECIFY _____

THE BUSINESS LICENSE AND CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL ALL INSPECTIONS ARE COMPLETED.

I HEREBY CERTIFY that I have examined this completed application and the statement therein are true and correct, and that all work shall be done in accordance with all applicable City, County and State laws.

 Signature of Business Owner or Authorized Agent

DO NOT WRITE BELOW THIS LINE

 Print Full Name

ZONING: _____ CORRECTIONS AND/OR CONDITIONS: _____

You will need to obtain a printed carbon copy form, which is available in the Development Services Department

	INSPECTOR	DATE		INSPECTOR	DATE
BUILDING			PLANNING		
FIRE PREVENTION			HEALTH DEPT.		
SIGNS			A.R.A.		