



**Application for
Certificate of Occupancy**

Date of Application _____
 Business/Tenant Name _____
 Business Physical Address _____
 Business Mailing Address _____
 Contact Person Name _____
 Contact Person Phone _____
 Property Owner Name _____
 Property Owner Phone _____

Business/Property Use

(Check all that apply)

<input type="checkbox"/> Retail	SF	<input type="checkbox"/> Service	SF
<input type="checkbox"/> Office	SF	<input type="checkbox"/> Restaurant	SF
<input type="checkbox"/> Warehouse	SF	<input type="checkbox"/> Church	SF
<input type="checkbox"/> Distribution	SF	<input type="checkbox"/> Institutional	SF
<input type="checkbox"/> Wholesale	SF	<input type="checkbox"/> Other	SF
<input type="checkbox"/> Manufacturing/Assembly	SF	Total SF _____ SF	

Total Employees _____	Maximum # of employees on duty day or night _____
Describe business/use _____	
<input type="checkbox"/> Change of ownership?	<input type="checkbox"/> Change of business name?
Current tenant/business name _____	
Is building equipped w/automatic fire sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Storage over 12' in height _____ SF
Will smoking be permitted inside the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	

By signing below, I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a Certificate of Occupancy (CO) does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of any CO neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.

Applicant _____
Please Print
Signature

Phone _____ Email _____

Usage Checklist

Check *all* applicable items used by your occupant or business. Attach MSDS to this form where applicable.

- Alcohol sales
- Alcoholic beverages
- Bales of loose combustible fibers
- Cellulose nitrate film
- Compressed gas
- Dry cleaning (flammable solvents)
- Dust producing process
- Explosives or ammunition
- Fireworks
- Flammable or combustible liquids (10 gallons or more only)
- Floor drains in building
- Food and/or beverage processing, storage or sales
- Food products
- Gaming devices
- High piled stock/storage (over 12' in height)
- Liquid propane gas
- Magnesium
- Other hazards Specify: _____
- Painting with flammables
- Poisonous or hazardous chemicals/acids
- Recycling waste
- Smoking
- Vehicle repair or garage
- Vehicles in building
- Welding or cutting
- Woodworking
- X-ray development