

Site Information

Business Address: _____

Subdivision: _____ **Lot:** _____ **Block:** _____ **Sq Footage:** _____

Business Name: _____

Business Owner: _____

Address: _____

Phone: _____ **Email:** _____

Property Owner: _____

Address: _____

Phone: _____ **Email:** _____

Occupancy Information

- | | | |
|-------------------------------|---------------------------------|----------------------------|
| Assembly/Gathering/ Worship | Incineration | Parts or Vehicle Wash |
| Bar Area/Alcohol Sales | Industrial | Personal Services |
| Child Care/ Day Care | Items Stacked Higher than 12 ft | Restaurant |
| Dance Floor/Hall | Medical/Dental | Retail Sales |
| Drive-Thru/Drive-Up | Mixing or Processing | Sanding, Milling, Woodwork |
| Flammable/Combustible Liquids | Office | Storage |
| Food Production | On-Site Sewage Facility | Warehouse |
| Grease Trap | Outside Display of Products | |
| Grocery or Convenience Store | Painting or Coating | Other: _____ |

Occupancy Questions

Will there be improvements made to the building? Yes No

If yes, describe scope of improvements.

Will flammable or combustible liquids be stored, used or dispensed? Yes No

If yes, answer below:

- a. Type of product(s) _____
- b. Quantity of product(s) _____

Will any hazardous or toxic chemicals such as, but not limited to: radioactive, explosive or organic materials be handled or used? Yes No If yes, answer below:

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Is the electric service currently on at facility? Yes No

Will the entire building or lease space be occupied? Yes No

Is this facility or space currently vacant or is this new construction?
 Currently Vacant Currently Occupied New Construction

Will this facility or space be a sub-lease from another tenant? Yes No

Does facility have a fire alarm? Yes No

Does facility have a fire sprinkler system? Yes No

How much of the facility will be used for office purposes?
 100% 75% 50% 25% Less than 25% Other _____ %
 If other than 100%, how will remaining space be used?

Describe business operations: What type of business activities will occur on-site, what business activities will occur off-site, retail or wholesale sales, services rendered, manufacturing or distribution, etc.

What % of business is onsite? _____

What type(s) of clientele do business with this company? _____

Will business have on-site sales of merchandise/products? Is it open to the general public?

Will site be used more than 50% for storage?

Will there be a lobby or waiting area? Yes No If yes, what are the dimensions?

Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines? Yes No

Will business store equipment, materials and/or products inside the building?
 Yes No If yes, describe location and dimensions:



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Will business store equipment, materials and/or products outside the building?

Yes No If yes, describe location and dimensions and how it will be screened:

Are the parking spaces paved?

Yes No

Are the parking spaces striped?

Yes No If yes, number of spaces. _____

Does the business sell vehicles, motorcycles, ATV's, trailers or RV's?

Yes No

If yes, is inventory New Pre-owned Both

If both, what % _____ New _____ Pre-owned

Will business have any signage?

Yes No

What are the hours of operation?

Days: _____ Hours: _____

How many employees will the business employ? _____

Authorization

I hereby certify by my signature below that the information provided is true and correct to the best of my knowledge. I further adhere to all laws and ordinances whether specified or not regarding the work to be performed under this permit. **Final inspection is required.** Permit expires after 180 days.

Owner/Agent Signature _____

Date _____

Office Use

Occupancy Classification:	Construction Type:	Occupancy Load:
Health Permit Required: Yes No	Use is: Conforming Non-conforming	Structure is: Conforming Non-conforming
Food Manager:	Zoning District:	Parking Spaces Required:
City Authorization		
Building Inspections		Date:
Fire Marshall		Date:
Notes:		