



Application for Certificate of Occupancy

Certificate # _____
(Office use only)

Business Name: _____ Business Phone #: _____

Business Address: _____ Zip: _____

Business Owner Name: _____ Phone #: _____

Business Owner Address: _____ Zip: _____

Building Owner Name: _____ Phone #: _____

Building Owner Address: _____ Zip: _____

What will the occupied space be used for: (Please be specific) _____

Total Occupied area (Sq.Ft.) _____ Fire Sprinklers ___ Yes ___ No ___

Is this business new to the above location? ___ Yes ___ No

If Yes, a parking plan must be provided with the application. Is parking plan attached? ___ Yes ___ No

Is this a previously occupied structure? ___ Yes ___ No

If Yes, what was the previous use of this building? _____

Is this a change in occupancy? ___ Yes ___ No

Check all that apply below:

- Food Products
- Day Care
- Explosives/Ammunition
- Health Hazards
- Spray Painting
- Welding or Open Flame
- Outdoor Vehicle Service
- Poisonous or Hazardous Chemicals/Acids
- Flammable or combustible Liquids (10 Gallons or more ONLY)
- Outdoor Storage or Display
- Semi Conductor
- Compressed Gases (LPG., Etc.)
- Dust Producing Equipment
- Fireworks
- Reclaiming Waste Materials

___ Any storage over 12 ft. high inside building? Total sq. ft. _____

___ Any storage over 15 ft. high inside building? Total sq. ft. _____

Lease Agreement verified by _____ Date _____

Notice to Applicant: any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of occupant or occupant's agent constitutes approval for City employees to enter the property for necessary inspections. Building must meet 2006 IBC regulations (International Building Code)

Contact Person/Position _____ Phone # _____

Date: _____

Signature of Occupant or Occupant's Agent