

CERTIFICATE OF OCCUPANCY APPLICATION

BUILDING INSPECTIONS

| DATE RECEIVED | PERMIT NO | | |
|---|---|--|--|
| APPLICATION TYPE - check one | □ New Tenant | Name ChangeOwnership Change | |
| BUSINESS ADDRESS | BUSINESS PHONE# | | |
| BUSINESS NAME | BUSINESS EMAIL# | | |
| SQ FOOTAGE OF OCCUPIED SPACE | # OF PARKING SPACES | | |
| IS BUILDING EQUIPPED WITH AN AUTOMATIC | C FIRE SPRINKLER SYSTEM? | YES NO | |
| WILL FOOD OR ALCOHOL BE SERVED AND | OR BE SOLD FOR CONSUMPTION | I ON OR OFF PREMISES? | |
| NO YES (EXPLAIN) | | | |
| TENANT INFORMATION | PROPERTY OWNER INFORMATION | | |
| Name(s): | Name(s): | | |
| Home Phone #: | | | |
| Home Address: | | | |
| City / ST / Zip | City / ST / Z | City / ST / Zip | |
| Fax #: | | | |
| E-Mail: | E-Mail: | | |
| *Signing of this application does not authorize or of Occupancy is issued, the Owner/Applicant agree APPLICANT SIGNATURE: APPLICANT NAME (Please Print): | ees that utilities will be disconnected | | |

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BUILDING INSPECTIONS

OFFICE USE ONLY

| Use Classification: | Zoning: Occupant Load: # of required parking spaces: | |
|---|--|--|
| Type of Construction: | | |
| Automatic Sprinkler System Required: Yes / No | | |
| REVIEW | / APPROVAL | |
| Planning Department: | Date of Approval: | |
| INSPECTION | ON APPROVAL | |
| Fire Inspection: | Date of Approval: | |
| Building Inspection: | Date of Approval: | |
| BWA Inspection: | Date of Approval: | |
| COM | MMENTS | |
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