



CERTIFICATE OF OCCUPANCY APPLICATION

BUILDING INFORMATION

Building Address: _____ Suite: _____

Building Owner or Management Company: _____

Phone: _____ Email/Website: _____

BUSINESS INFORMATION

New Business Relocation Expansion New Owner Name Change

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Type of Business: _____ Sales Tax#: _____

BUSINESS OWNER INFORMATION

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

GENERAL INFORMATION

Is this a new building? YES NO

IF NO, will there be any remodel? YES NO

Will signs be installed or refaced? YES NO

Please check utilities to be released: Electric Gas Water

Choice of Garbage Service: Bag service Dumpster service

Area of Building or Suite (ft²): _____

Distribution of Area (ft²):

Kitchen: _____ Office: _____

Manufacturing: _____ Sales Area: _____

Storage: _____ Other: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____ Fee: \$ _____ Receipt #: _____

Zone: _____ Occ. Class: _____ Occ. Load: _____ Cons. Type: _____ SS Req.: Y / N

Building Official: _____ Date: _____ T/Cert. #: _____ Cert. #: _____

QUESTIONNAIRE

1. Are you enlarging an existing tenant space by combining suites, or portions of suites? Y or N

List lease spaces being combined: _____

2. Will you store, use, dispense or mix flammable or combustible liquids for purposes other than maintenance for operation of equipment? Y or N

IF YES, specify the type of product and the projected quantities. _____

3. Will there be any spray painting or welding on premises? Y or N

Specify _____

4. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases & radioactive materials? Y or N

IF YES, specify type & projected quantities _____

5. Will the principal use of the building or tenant space be used for storage? Y or N

IF YES, What materials will be stored? _____

What percentage will be used for storage? _____

How high will materials be stacked? _____

Will the materials be stored in racks? _____

6. Will the building be equipped with a fire sprinkler system or alarm system? Y or N

7. Will food or beverages be manufactured, packaged, stored, distributed, sold, or pre-prepared in any manner other than vending machines? Y or N

8. Will alcoholic beverages be sold for consumption on the premises? Y or N

9. Will any goods, merchandise or raw material be stored or displayed outdoors? Y or N

10. Will used goods be sold on the premises? Y or N

11. Will you perform any of the following processes on the premises? Y or N

IF YES, please circle activities: *Manufacturing *Treating *Washing Vehicle *Formulation/Mixing/Processing

12. Will any liquid wastes be generated which are not disposed of in the sewer system? Y or N

13. Will any form of waste water pre-treatment be utilized at this facility? Y or N

IF YES, briefly describe _____

14. Will combustible dust be generated? Y or N

IF YES, describe system _____

I hereby certify that I have completed this questionnaire and know the same to be true and correct.

Printed name _____ Signature _____