



Application for Certificate of Occupancy

Certificate # _____
(Office use only)

Building Address: _____ Zip: _____

Building Owner Name: _____ Phone #: _____

Building Owner Address: _____ Zip: _____

Building Owner Email Address: _____

Is there a current Certificate of Occupancy for this building address? Yes No

If yes, provide a copy of the Certificate of Occupancy or Information from the Certificate of Occupancy

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

Total Occupied area (Sq.Ft.) _____

Fire Sprinklers Yes No

Please check any of the following that are applicable to your building/business.

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

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

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

Is this a previously occupied structure? Yes No

Is this a change in occupancy? Yes No

What was the previous use of this building?

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of owner or owner's agent constitutes approval for City employees to enter the property for necessary inspections.

Applicant or Contact Person/Position _____ Phone # _____

Signature of Owner or Owner's Agent _____ Date: _____