

CERTIFICATE OF OCCUPANCY

DATE OF APPLICATION: _____

PERMIT NO: _____

INFORMATION ON THE BUILDING/PROPERTY

LOCATION ADDRESS	
PROPERTY OWNER'S NAME	
PHONE NUMBER	
EMAIL	
LEGAL DESCRIPTION OF PROPERTY	
ZONING CLASSIFICATION	

APPLICANT'S INFORMATION

APPLICANT'S NAME	
TRADE/BUSINESS NAME	
MAILING ADDRESS	
EMAIL	
PHONE	

INFORMATION ON PREMISES / OCCUPANCY

Select One	<input type="checkbox"/> New Building	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Use Change
	<input type="checkbox"/> Occupant Load Change	<input type="checkbox"/> Revision	<input type="checkbox"/> Establish New Occupancy
	<input type="checkbox"/> Conditional	<input type="checkbox"/> Temporary	<input type="checkbox"/> Completion of Core and Shell
Proposed Use of Premises			
Prior Use of Premise			
Proposed Occupancy Load			

Area Occupied by Proposed Use	
Is there a building permit associated with this application?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
	If yes, what is the permit number?
Were all inspections approved and performed?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

ATTESTATION AND SIGNATURE

I certify that all the statements on this application are true and correct, to the best of my knowledge and capabilities. I agree to comply will all Local, State and Federal guidelines.
Applicant's/Agent's Signature:
Printed Name:
Date:
<i>Making a false statement on this application can result in the denial or revocation of your certificate of occupancy, criminal penalties, a fine up to \$1000 and/or imprisonment up to 180 days.</i>