



CERTIFICATE OF OCCUPANCY APPLICATION

FEE: \$ _____

TYPE OF APPLICATION:	
<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> CHANGE OF BUSINESS OWNERSHIP
<input type="checkbox"/> CONSTRUCTION COMPLETION	
PROPERTY INFORMATION	
BUSINESS ADDRESS	
BUSINESS NAME	
TYPE OF BUSINESS ACTIVITY	
PREVIOUS USE OF BUILDING	
SQUARE FOOTAGE OF UNIT	
IS THE UNIT A SHARED SUITE?	<input type="checkbox"/> Yes - If so, provide a plot plan showing the location of the shared suite, square footage, business name of each suite and business activity/use. <input type="checkbox"/> No
CONSTRUCTION/ TENANT IMPROVEMENTS	Pending Building Permits? <input type="checkbox"/> Yes Building Permit Number(s) : _____ <input type="checkbox"/> No

PROPERTY OWNER INFORMATION	
NAME OF PROPERTY OWNER:	
MAILING ADDRESS:	
TELEPHONE:	EMAIL:

BUSINESS OWNER INFORMATION	
NAME OF BUSINESS OWNER:	
MAILING ADDRESS:	
TELEPHONE:	EMAIL:

AUTHORIZED APPLICANT INFORMATION- <input type="checkbox"/> CHECK BOX IF SAME AS BUSINESS OWNER	
*IF APPLICANT IS NOT THE PROPERTY OWNER, APPLICANT MUST SUBMIT A LETTER DATED AND SIGNED BY THE PROPERTY OWNER OR PROVIDE A COPY OF THE LEASE SIGNED BY PROPERTY OWNER	
NAME OF APPLICANT:	
MAILING ADDRESS:	
TELEPHONE:	EMAIL:

PLEASE INDICATE IF ANY OF THE FOLLOWING WILL BE PRESENT IN THE BUILDING:	
FLAMMABLE OR EXPLOSIVE LIQUIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OUTDOOR BUSINESS ACTIVITIES?	<input type="checkbox"/> Yes - If so, list here: _____ <input type="checkbox"/> No
CAR LIFTS?	<input type="checkbox"/> Yes - If so, how many? _____ <input type="checkbox"/> No

I, hereby declare, under the penalty of perjury, that I am the business owner/authorized applicant, and I am duly authorized to execute this application, and understand and ACCEPT THE TERMS AND CONDITIONS, and I hereby request an inspection and the issuance of a CERTIFICATE OF OCCUPANCY, and AGREE NOT TO OPERATE MY BUSINESS UNTIL ISSUED THE CERTIFICATE AND BUSINESS LICENSE.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY	
CODE ENFORCEMENT VIOLATIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No
OUTSTANDING/EXPIRED PERMITS	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER:	