File Date:_____

Application for Certificate of Occupancy

Applicant's Name:_____ Telephone:_____

Applicant's Address:_____

Name of Business:_____

Present Address of Business:_____

Address For Requested C/O or C/C/O:_____

Items To Be Addressed:

1. Proposed number of employees:_____ Current number of employees:_____
2. Number of parking spaces needed:_____ Total number on site:_____
3. Square footage of entire building:_____ Sq. footage to be occupied:_____
4. Current tenant in space To Be Occupied:_____ Type of Use:_____
5. What is breakdown of use in square feet: Office:_____ Storage:_____
   Manufacturing:_____ Retail:_____
6. Briefly describe your operation:_____
7. Supply all MSDS for Chemicals to be used & any that will be discharged into the sanitary sewer system.
8. Will there be any vehicle(s) parked overnight?_____ How many?_____ Type:_____
9. Is there outdoor storage of materials?_____ What materials?_____
   Where are they planning to store these materials?_____
10. What are your hours of operation?_____
11. Do you plan to conduct any part of your business on the exterior of the premises?_____
12. Any Fire Sprinkler System located on the premises shall require certification from a P.E. that this operation/use will not adversely affect the fire protection of the building._____
13. You shall supply a current certificate that the Fire Protection System (fire alarm, sprinklers, fire extinguishers and other suppression system) has been inspected.

Office Use

Use Group:_____ Occupancy Load:_____ Live Load:_____

Construction Classification:_____

Health Department:_____ Sewer Department:_____ Zoning:_____

Inspection Date:_____ Inspector:_____

See reverse side for any corrective action prior to taking occupancy.