APPLICATION FOR CERTIFICATE OF OCCUPANCY

Part 1. Business Location Information		Part 2. Business Owner Information
Name of Business (DBA)		Name of Business Owner:
Street Address:	Suite #:	Address of Business Owner:
Square footage of building/space:	Number of Employees:	Driver's License Number:
Contact Person:	Telephone of Business:	Email Address:
Additional Contact:	Additional Telephone:	Email Address:
Name of Property Owner		Phone number of Property Owner:
Street Address of Property Owner		Email Address of Property Owner:

Part 3. Description of Business Activity

A. Type of Certificate of Occupancy		B. Type of Business		
☐ New Occupancy	☐ Expanding Sq/Ft	☐ Aircraft	☐ Food/Restaurant	☐ Multi-Family
☐ Change of Use		☐ Assembly	☐ Industrial	☐ Office
☐ Change of Ownership		☐ Automotive	☐ Lodging	☐ Retail Sales
☐ Change of Business Name		☐ Education	☐ Medical	☐ Warehouse
☐ Other Describe:		☐ Other (describe):		

C. Check Yes or No to the following questions:

☐ Yes	☐ No	1. Will flammable or combustible liquids be stored, used, mixed or dispensed at this location? If so, attach description and quantities. Also, please attach SDS sheets for each material.
☐ Yes	☐ No	2. Will Hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handles? If so, attach description and quantities. Also, please attach SDS sheets for each material.
☐ Yes	☐ No	3. Will any of the following industrial processes be performed on the premises? Please check all applicable activities.
☐ Yes	☐ No	4. Will any liquid waste or sludge be generated which are not disposed of in the sewer system?
☐ Yes	☐ No	5. Will there be any spray painting on the premises?
☐ Yes	☐ No	6. Will food or beverages be manufactured, stored, distributed, or sold in any manner other than in vending machines?
☐ Yes	☐ No	7. Will any form of wastewater pre-treatment be utilized at this location?
☐ Yes	☐ No	8. Will any goods, merchandise or raw materials be stored or displayed outdoors?
☐ Yes	☐ No	9. Will alcoholic beverages be sold?
☐ Yes	☐ No	10. Will any sign be erected or changed?
☐ Yes	☐ No	11. Will the facility be remodeled, renovated or altered?
☐ Yes	☐ No	12. Will any electrical or plumbing fixture be installed ore relocated?
☐ Yes	☐ No	13. Will the building be equipped with an automatic fire sprinkler system?
☐ Yes	☐ No	14. Will the building be used to store aircraft?
☐ Yes	☐ No	15. Will the building be used to provide maintenance of aircraft?
☐ Yes	☐ No	16. Will a medical gas piping system be installed or modified?

Printed Name of Applicant: _____ Date of Application: _____

Applicant Signature: _____ Email:_____ Telephone: _____

Business Acknowledgement Form

Business Name: _____ Date: _____

CompanyWebsite: _____

PropertyAddress: _____

Brief a Description of the Business, Including hours of operations:

Please provide a brief description of the intended use of the space and how it will utilized (offices, lobby, retail, showroom, storage, warehouse, assembly, production, etc.) for which you are applying for a Certificate of Occupancy. A **floor plan is required** as an attachment with each room labeled.

In signing below, I certify that the information I have provided is true and acknowledge that any misrepresentation of my declared use of this space will result in the **REVOCATION** of the Certificate of Occupancy.

Business Owner Name (printed): _____

Business Owner Signature: _____

Business Owner Email: _____