



Certificate of Occupancy Application

Property Address: _____

Name of Business: _____

Type of Business: _____ Reason for CO: _____

Total Sq Footage: _____ Number of Striped Parking Places on Site: _____

Business Owner's Name: _____ Phone: _____

Business Owner's Mailing Address: _____

Business Owner's Email: _____

Description of Business (Services/Operation of Business): _____

Property Owner's Name: _____ Phone: _____

Property Owner's Mailing Address: _____

Property Owner's Email: _____

Emergency Contacts:

In case of an emergency, who would you like the Police/Fire Department to contact? (Please list at least one person that is local.)

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____