

# Certificate of Occupancy Application Form



Application Date: \_\_\_\_\_ Application #: \_\_\_\_\_

Tap Fee Receipt # \_\_\_\_\_

Name of Business: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Address of Certificate of Occupancy requested: \_\_\_\_\_

Business Owner Home address: \_\_\_\_\_

Business Owner home phone: \_\_\_\_\_

Business owner Email: \_\_\_\_\_

Property owner name: \_\_\_\_\_

Property owner address: \_\_\_\_\_

Property owner phone, & Email: \_\_\_\_\_

## Structure Classification: Fill the correct circle

- Assembly
- Business
- Factory
- High Hazard
- Institutional
- Mercantile
- Residential (home)
- Storage
- Utility and Miscellaneous
- Residential Group \_\_\_\_\_ R1 \_\_\_\_\_ R2 \_\_\_\_\_ R3
- Assembly Group \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5

Building Sprinkled? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Detailed description of business; please provide information of estimated number of employers, emergency contact, etc.

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Business owner signature

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Date

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Business owner (printed)

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Property owner signature

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Date

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Property owner (printed)