

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.