

COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

Project Information Tax ID # _____
 Business Name/Description: _____
 Project Address: _____ Sq. Ft. _____
 INTENDED USE OF SPACE: _____
 Total Occupancy of Building: _____ Zoning District: _____

Tenant Information
 Company Name: _____ Contact Person: _____
 Address: _____
 Phone Number: _____ Cell Number: _____ Email: _____

Owner Information
 Company Name: _____ Contact Person: _____
 Address: _____
 Phone Number: _____ Cell Number: _____ Email: _____

Does your business involve the storage, sale, or use of the following: (check all that apply)

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> Dry Cleaning Solvents | <input type="checkbox"/> Flammable/combustible liquids (10 gallons or more) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Combustible Fibers | <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Flood drains in building | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Cellulose Nitrate Film | <input type="checkbox"/> Explosives/Ammunition | <input type="checkbox"/> Food and/or beverage processing, storage or sales | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Recycling Waste | <input type="checkbox"/> Food Products | |
| <input type="checkbox"/> Liquid Propane Gas | <input type="checkbox"/> Magnesium | <input type="checkbox"/> High piled stock (over 12' in height) | |
| <input type="checkbox"/> Vehicle Repair Garage | <input type="checkbox"/> Vehicles in Building | <input type="checkbox"/> Poisonous or hazardous chemicals/acids | |
| <input type="checkbox"/> Welding or Cutting | <input type="checkbox"/> Woodworking | <input type="checkbox"/> X-ray Development | |

**** Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials. ****
 List any material discharged into the drainage system, ground, or atmosphere: _____

It shall be unlawful to use or occupy or permit the use or occupy of any building or premises created, erected, changed, converted, or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing the type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

FOR CITY USE ONLY			
	APPROVED BY	DATE	COMMENTS
Building Department			
Public Works Department			
Fire Department			
Engineering Department			
Health Permit			

CO Application Fee \$50.00 per building on site _____ CK _____ Cash _____ Credit Card
 This fee does not apply to CO's that were issued for new buildings or for existing buildings where a building permit was issued for an extensive remodel to accommodate the new occupant.

Issued By: _____ Date Issued: _____
 BV Project # _____