



Certificate of Occupancy Application

*******Floor plan required to be turned in with this application*******

****See back for example floor plan**

Date: _____ *Fee for C.O. \$100.00 (other fees may apply)*

Business Name: _____ Address: _____

Tenant Contact Name: _____ Phone _____

Business / Property Use			
Retail	sq. ft.	Night Club	sq. ft.
Office	sq. ft.	Classroom	sq. ft.
Storage	sq. ft.	Beauty Shop	sq. ft.
Church	sq. ft.	Tattoo Parlor	sq. ft.
Manufacturing	sq. ft.	Woodworking	sq. ft.
Restaurant	sq. ft.	Institutional	sq. ft.
Daycare	sq. ft.	Hospital	sq. ft.
Vehicle engine repair	sq. ft.	Other	sq. ft.
Vehicle body repair	sq. ft.	Total:	sq. ft.

Will there be any alterations to the building? Yes No If yes, **Stop!** Commercial Permit Application required. See staff for instruction.

Is this business a name change only? Yes No

Is the building equipped with an automatic fire sprinkler? Yes No

***If Storage, what type of materials will be stored? _____

***Will materials be stored above 12' in height? Yes No

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 this type of work will be complied with whether specified herein 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.

Applicant printed name _____

Signature _____

Phone _____

*****Office Use*****

Zoning: Reviewed by: _____ Approved: Yes No

Notes: _____

Building Inspection: Reviewed by: _____

Fire extinguishers: Required: Yes _____

Lighted Exit signs: Required: Yes _____ No _____

Emergency Lights: Required: Yes _____ No _____

1. Post address in a manner clearly visible from above-named street. Numerals shall be a minimum of four inches tall and ½-inch stroke, installed on a contrasting background.
2. Provide “NO SMOKING” signage and a receptacle for discarding smoking materials at each entrance.
3. Portable fire extinguishers shall be provided as indicated below.
 - a. Mount ABC type dry chemical fire extinguishers in accessible locations as needed to maintain a maximum travel distance of 75 feet from all areas of the building to an extinguisher.
 - b. Extinguishers shall have a minimum rating of 2-A, 10-B:C and/or a minimum capacity of five pounds.

Applicant Initial _____

****Example of a floor plan:**

