CERTIFICATE OF OCCUPANCY APPLICATION

Date _____ Square footage _____

Name of Business _____

Physical Address _____

Type of Business _____

List all types of items that will be sold or services that will be provided by this business:

_____

_____

_____

_____

Business Owner Information

Name _____

Mailing Address _____

Phone Number (_____)_____

Building Owner Information

Name _____

Mailing Address _____

Phone Number (_____) _____

Business Owner Signature _____

For office use only:

Permit number _____ Receipt number _____