



### APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date: \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_ Floor Area \_\_\_\_\_ sq. ft.

Detailed Description \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

#### OFFICE USE ONLY

1. Building Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

2. Fire Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

3. Health Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

4. Planning Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

5. Utility Billing Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

6. Police Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

7. Utilities Department \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

**Backflow:**

Is there backflow protection onsite? Yes \_\_\_ No \_\_\_

If yes, is the assembly current on annual testing? Yes \_\_\_ No \_\_\_ Date of last Testing \_\_\_\_\_

If no, does this change of occupancy require backflow protection? Yes \_\_\_ No \_\_\_

Notice to Install Letter Sent? Yes \_\_\_ No \_\_\_

**Industrial Waste:**

Industrial Waste Discharge Questionnaire Completed? Yes \_\_\_ No \_\_\_

Is an Industrial Waste Discharge Permit Applicable? Yes \_\_\_ No \_\_\_ Permit Issued on \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_