



CERTIFICATE OF OCCUPANCY

Name of Business: _____

Location of Business: (Street, City, State, Zip) _____

In Home Occupation Only: Do you own or rent your home? _____

If you rent, name of landlord: _____

Type of Business Proposed: _____

Name of Owner or Manager: _____ Phone: _____ - - _____

Will you have a sign? _____ How many? _____

Briefing describe changes to be made to the interior:

Remodeling: _____

Decorating: _____

Electrical: _____

Plumbing: _____

Heating & AC: _____

What types of equipment will be used in conjunction with proposed occupancy?

Will any flammable be used (Specify): _____

Gross floor area to be occupied: _____

Gross floor area of interior storage: _____

Number of employees: _____ Number of delivery or service vehicles: _____

Give a brief description of proposed occupation:

Email: _____

Signature of Applicant: _____ Date: _____