



CERTIFICATE OF OCCUPANCY APPLICATION

Name Business _____

Business Address _____

Type of Business _____

(example: restaurant, clothing store, etc.)

Owner of Business _____

Business Owner Contact Information _____

(phone number, email address, and physical address)

Tax ID (if applicable) _____

License (if applicable) _____

(license number and agency: e.g. COS - 162811, Cosmetologists)

Applicant Signature _____

FOR OFFICE USE ONLY

Square Feet _____ Occupancy Class _____

Occupant Load _____ IBC Code Year _____ Sprinkled: Yes or No *(Circle One)*

Type of Construction _____

Reviewed by _____ Date _____

Signature