



APPLICATION FOR CERTIFICATE OF OCCUPANCY

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

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Partner(s) if partnership \_\_\_\_\_

Location: ( ) Owned ( ) Rented

Type of Business: \_\_\_\_\_

Number of Beds: \_\_\_\_\_

Estimated Water Usage: \_\_\_\_\_ Gallons per month

Estimated Refuse Generated: \_\_\_\_\_ Cubic Yards per month

Signature

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Zoning Compliance: ( ) Yes ( ) No

Building Inspection Required: ( ) Yes ( ) No

Inspection Completed: \_\_\_\_\_ (date)

Utility Deposit Required: \_\_\_\_\_ (date)

Approved \_\_\_\_\_

Denied \_\_\_\_\_

ISSUED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
City Secretary

\_\_\_\_\_  
Building Inspector