



Application for Certificate of Occupancy

PLEASE ANSWER THE FOLLOWING

Name of Business: _____

Building Address: _____ **Date:** _____

Type of Business: _____

Total Square footage: _____

Total Number of striped parking spaces on site: _____

Business Owner's Name: _____

Business Owner's Address: _____

Business Owner's Phone #: _____

In case of an emergency whom would you like the Police/Fire Department to contact (If at all possible please list at least one person with a local phone #).

Contact Name: _____

Contact Phone #: _____

Local Contact: _____

Local Contact Phone #: _____

Contact e-mail: _____

BUSINESS USE ONLY:

ZONING _____ HISTORIC DISTRICT YES / NO FIRE DISTRICT YES / NO

No. of parking spaces required _____

Occupancy Type _____