



Certificate of Occupancy

Business Location: _____ Date: _____

Name of Business: _____ EIN# _____

Business Mailing Address: _____

Describe Proposed Use: _____

Describe any remodeling to be completed:

List any hazardous chemicals/materials stored, maintained or handled:

Number of Employees: _____ Anticipated Number of customers

(daily): _____ Number of available parking

(ATTACH DRAWING OR COPY OF SURVEY)

Property Owner Name: _____

Address: _____ Phone No.: _____

Tenant Name: _____

Address: _____ Phone No.: _____

Trash and Recycling Services: _____

Permission is hereby Granted for the Occupancy described above.

Lot & Block No. _____ Ward No. _____

Zoning District: _____ Date: _____

Permit No. _____ **APPROVED BY BUILDING INSPECTOR**

cc: Ward Commissioner
cc: Ward Planning Commission Member

Signature