

## Commercial Building Final / Certificate of Occupancy Application

**RETURN THIS COMPLETED FORM TO THE BUILDING DEPARTMENT PRIOR TO REQUESTING YOUR BUILDING FINAL OR CERTIFICATE OF OCCUPANCY. DO NOT LEAVE ANY FIELDS BLANK. COMPLETED FORMS MAY BE MAILED OR HAND DELIVERED.**

Building Permit Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Business / Shopping Center Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Use & Occupancy Classification: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Design Occupancy Load: \_\_\_\_\_ Building Code Edition: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Sales Tax ID Number: \_\_\_\_\_ Sprinkler Required:  Yes  No

Have all Required Documents and Drawings Been Submitted and Approved?:  Yes  No

### \*LIST BUSINESS OWNER'S CONTACT INFORMATION BELOW:

You must provide a legible copy of the business owner's driver's license.

\*If the business is a corporation, include a copy of the President, CEO, or other responsible officer's driver's license.

Owner's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### LIST EMERGENCY CONTACT INFORMATION BELOW:

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Work #: \_\_\_\_\_

Emergency Contact Home #: \_\_\_\_\_

Emergency Contact Cell #: \_\_\_\_\_