



CHANGE OF OCCUPANCY/BUSINESS NAME CHANGE

\$25.00 Application/Processing Fee

OCCUPANT INFORMATION	
Business Name:	Phone #:
Business Address:	Suite:
Business Use:	Sqft.:
Contact Person:	Phone #:
Email Address:	

PROPERTY OWNER/LEASING AGENCY INFORMATION	
Owner/Lease Agency:	Phone #:
Owner/Lease Agency Address:	
Email:	
Contact Name:	Phone #:

ADDITIONAL INFORMATION
Does the Building have a Fire Sprinkler System?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the space be remodeled? <input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, building permit may be required

ACKNOWLEDGEMENT		
Please note: Certificate of Occupancy will not be issued without required building inspections conducted by the City's Building and Fire Marshal Office's. Inspections may be requested through the City's inspection request procedures.		

Applicant's Signature	Printed Name	Application Date

FOR OFFICE USE ONLY
Received By: _____ Date: _____
Building Official Inspector: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Fire Marshal Inspector: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Zoning District: _____ Occupancy Type: _____ Construction Type: _____
Issue Certificate of Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Only complete applications shall be accepted and payment received at time of submission.