

CERTIFICATE OF OCCUPANCY APPLICATION		
PERMIT NUMBER:		
COMPANY NAME:		
COMPANY ADDRESS:		
		ZIP CODE:
		ZONING DISTRICT:
CONTACT PERSON:		
TELEPHONE NUMBER:		
Does your busines	s involve the storage, sale, or	use of the following: (Check all that apply)
Painting with flammables	<b>Dry Cleaning Solvents</b>	Flamable/combustible liquids (ten gallons or more)
Combustible Fibers	<b>Dust Producing Process</b>	Floor drains in the building
Cellulose Nitrate Film	Explosives/Ammunition	Food and/or beverage processing, storage or sales
Compressed Gas	Recycling Waste	Food products
Liquid Propane Gas	Magnesium	High piled stock (over 12' in height)
Vehicle Repair Garage	Vehicles in building	Poisonous or hazardous chemicals/acids
Welding or Cutting	Woodworking	X-ray Development
Alcohol	Smoking	Fireworks
**Provide chemical data sheet	ts to the Building Inspection Departm	nent list the maximum quantity of all hazardous materials.**
List any material discharged into the drain	nage system, ground, or atmosphere:	<u> </u>
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altered or enlarged in its A permit becomes null and	use or structure until a Certificate of void if work or construction authoriz	f any building or premises created, erected, changed, converted or Occupancy has been issued by the administrative official. zed is not commenced within 180 days, or if construction or 80 days at any time after work is commenced.
ordinances governing this type of wo	ork will be complied with whether sp	ow the same to by true and correct. All provisions of laws and ecified or not. The granting of a permit does not presume to give law regulating construction or the performance of construction.
Signature of Applicant:		Date:

Date

Comments

Date Issued:

Approved By

Building Inspector: \_\_\_\_\_\_ Fire Marshall: \_\_\_\_\_\_

Issued By:\_\_\_\_\_