



## Commercial\*/Industrial Certificate of Occupancy Application

\*Apartments (structures with three (3) or more units) will be required to have a commercial permit with a commercial/industrial certificate of occupancy application

<b>Fee \$100.00</b>	Date: _____
<b>Business Info</b>	Name of Applicant: _____ Email: _____ Phone: _____ Owner/Corporation Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Physical Address of Business*: _____ <b>*If no physical address, the City Planner must assign address prior to occupancy approval</b> Type of Business: _____ Sales Tax Permit Number: _____ Business Phone (if different from Applicant Phone): _____  <b>Please provide a copy of your Sales Tax Letter</b>
<b>Property Owner Info</b>	Owner of property (If different from Applicant): _____ Parcel ID: _____ Current Zoning: _____ Required Zoning (if different, and submitted with application for rezoning): _____ Zoning Applicant Number (If applicable): _____
<b>Fire Inspection Requirements</b>	<b>For all commercial and industrial certificate of occupancies, a local and/or state fire inspection shall be conducted and compliance with State and local codes are required prior to issuance of the certificate of occupancy.</b>
<b>Water Requirements</b>	<b>Please fill out the utility agreement to have water and sewer account set up. No occupancy will be approved until water account has been set up.</b>
Please attach the following (if necessitated by the type of business or ownership):  Able Permit <input type="checkbox"/> Alarm Permit <input type="checkbox"/> Department of Human Services Inspection <input type="checkbox"/> DEQ Permit <input type="checkbox"/>  Department of Health Inspection _____ Sign Copy of Lease _____  After review period of no more than three (3) business days after receiving a completed application with all attachments, city staff will meet with the applicant to discuss any other necessary materials, zoning requirements, scheduling for building and fire inspections, and next steps.	
Date Approved: _____  City Inspector: _____ Fire Marshal: _____  City Planner: . _____	



## Commercial/Industrial Certificate of Occupancy Schedule Fire Inspections Work Order

### Schedule Inspections

Date: \_\_\_\_\_

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

All required inspections shall be conducted prior to the approval of the certificate of occupancy. No business will be allowed to open until all inspections have meet the state and/or local regulations.

The inspections will be scheduled by the permits clerk.

### Inspection

Date of Inspection: \_\_\_\_\_

☐

The Site meets all State and/or local regulations

☐

The Site DID NOT meet all State and/or local regulations

If site did not meet the state and local regulation, what were the findings:

---

---

---

Date of Re-Inspection: \_\_\_\_\_

☐

The Site meets all State and/or local regulations

☐

The Site DID NOT meet all State and/or local regulations

If site did not meet the state and local regulation, what were the findings:

---

---

---

Date of Re-Inspection: \_\_\_\_\_

☐

The Site meets all State and/or local regulations

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Permits Clerk Sign: \_\_\_\_\_ Date: \_\_\_\_\_