

Certificate of Occupancy Permit Application

Tenant Business Name:	
Tenant Business Address (include suite/floor):	
City, State & Zip Code:	
Business Owner Name:	-
Email:	Phone:
Property Owner Name:	
City, State & Zip Code:	
	Phone:
PROPOSED Type of Business (description of activity):	
Zoning District:	_
Proposed Number of Employees:	Number of Vehicle Parking Spaces:
U&O will not be processed without the attached completed Certificate of Occupancy Sign-Off Sheet	
	Date:
(copy of signed lease must be attached)	
Zoning Officer Approval:	Date:
Date of Final Inspection:	Commercial Inspector: