

PROPERTY ADDRESS:		
PROPERTY OWNER INFORMATION:		
Name:	Address:	
Phone Number:	Cell:	
E-mail:		

APPLICANT INFORMATION: (if not property owner)		
Name:	Company Name:	
Address:		
Phone Number:	Cell:	
E-mail:		

NEW BUSINESS INFORMATION:
Business Name:
Location address of business:
Proposed use/type of business:

Applicant/Owner Signature:

OFFICE USE ONLY			
Property Tax ID Number:			
Zoning district:			
Existing legal non-conformities:	YES NO		
If yes, details:			
New business: APPROVED	DENIED		
Remarks:			
I hereby certify that I have reviewed the plans for the purpose of a new business only, (located in an existing building) and not for construction.			
Zoning Official signature:	Date:		

Date:

1.	Business address:		
2.	Zoning district:		
3.	In new business an allowable use within the district?		
4.	Fire Department Inspection Required		
5.	Building maintenance/general maintenance inspection:		
	o Ceilings		
	 Exterior building conditions 		
o Address numbers			
	 Interior building conditions 		
	 Floors-condition of/trip hazards 		
	 Service counters-barrier free service area 		
	o Walls		
6.	Electrical maintenance		
	 Emergency egress lighting 		
	○ Exit signs		
	General maintenance of all electrical		
	o Lighting		
	 Missing fixtures 		
	 Missing cover plates 		
7.	Fire extinguishers:		
	 Number of and locations 		
	• All extinguishers require a yearly inspection and tags providing dates of inspection, expiration, etc.		
3.	Mechanical:		
	 If fire suppression, certification of inspection from building owners 		
	 HVAC type heating and conditions of (includes air conditioning if present) 		
	 All mechanical equipment present 		
).	Plumbing:		
	 Assure acceptable condition for required use 		
	 Drinking fountain-check working order 		
	 Existing conditions 		
	 Slop sink-required in most cases-often found in storage room, backroom or closet 		
10	. Restrooms:		
. 0.	• Barrier free		
	 All hardware including door handles, locks, signage, fixtures, grab bars/location and overall working order 		
	 NOTE: number of restrooms is determined by the occupancy/use of this unit. Existing restroom(s) were constructed as required for uses/occupants 		
11.	Maintenance work only was performed as to prep for new occupant		
	Permits required for any work performed that requires a building and/or trades permits		
	Construction plans may be required for any work performed under a permit		
	This list only points out certain items that are required to be reviewed as part of this approval for issuance of the required Certificate of Occupancy		
15	Additional remarks:		