



Application for Certificate of Occupancy

For CO application submittal requirements visit: <http://www.cityoffate.com/DocumentCenter/Home/View/553>

Application for Certificate of Occupancy (CO) is made to the Building Official authorizing the inspection of property at:

Name of Business:		Taxpayer ID:
Business Address:		
Website:		
Date of Application:		
Occupants Name	Signature	Phone
Email	Address, City, State, ZIP	
Building Owner Name	Signature	Phone
Email	Address, City, State, ZIP	

Occupancy Information (ALL QUESTIONS MUST BE COMPLETED)

1. Will you be performing any of the below activities or processes on the premises?

MARK WITH AN 'X' ALL THAT APPLY

	Assembly/Gathering/Worship		Grocery or Convenience Store		Painting or Coating
	Bar Area/Alcohol Sales		Incineration		Parts or Vehicle Wash
	Child Care/Day Care		Items Stacked Higher than 12 feet		Personal Services
	Dance Floor/Hall		Medical/Dental		Restaurant
	Drive-Thru/Drive-Up		Mixing or Processing		Retail Sales
	Flammable/Combustible Liquids		Office		Sanding, Milling, Woodwork
	Food Production		On-Site Sewage Facility		Storage
	Grease Trap		Outside Display of Products		Warehousing

2. Do you plan to make any improvements to the building such as exterior painting, façade improvements, etc.? Yes No

If YES, describe scope of work:

Occupancy Information Continued				YES	NO	
20. Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines?						
21. Will business store equipment, materials, and/or products <i>INSIDE</i> the building? If YES, describe (a) location and (b) dimensions (including height):						
22. Will business store equipment, materials, and/or products <i>OUTSIDE</i> the building? If YES, describe (a) location, (b) dimensions, (c) height of storage, and (d) how it will be screened:						
23. Will any goods, merchandise or raw materials be <i>DISPLAYED</i> outdoors? If YES, describe (a) what will be displayed, (b) its location, (c) dimensions, & (d) time of removal:						
24. Are the parking spaces <i>PAVED</i> ?						
25. Are the parking spaces <i>STRIPED</i> ? If YES, how many?						
26. Does your business sell vehicles, motorcycles, ATV's, trailers, RV's? If YES, what type(s)?						
If YES, is inventory New, Pre-Owned, or both?				New	Pre-Owned	Both
If BOTH, what is the % of new vs. pre-owned?				% New	% Pre-Owned	
27. Does your business service or repair vehicles or install equipment and accessories into/on vehicles? If YES, describe operations:						
28. Will business have any signage (if yes, a sign permit is required prior to sign installation)? For sign permit application submittal requirements click: http://www.cityoffate.com/DocumentCenter/Home/View/98						
29. What hours of operation will the business have? Days: _____ Hours: _____				N/A		
30. How many employees will the business have? # Full-Time # Part-Time				N/A		

Former Tenant Information (MUST BE COMPLETED)	
A. What was the business name of the previous tenant?	
B. What type of business was the previous tenant (if unknown, contact leasing agent or building owner to determine)?	
C. When did the previous tenant start <u>AND</u> end occupying this location (month, year)? Start: _____ End: _____ Do you have a copy of the lease or City-issued CO for the previous tenant (if no, contact leasing agent or building owner to determine)? Yes No **If yes, please submit with app	

OFFICE USE ONLY

Occupancy Classification:	Zoning District:
Construction Type:	Parking Schedule:
Occupant Load:	Parking Calcs:
Food Permit Required? Yes No	Parking Spaces Req:
Food Certificate Required? Yes No	Parking Spaces Provided:

Planning & Zoning	Approve	Deny	Initials:	Date:
Use is	Conforming	Non-Con	Initials:	Date:
Structure is	Conforming	Non-Con	Initials:	Date:

Building Inspections	Approve	Deny	Initials:	Date:
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Fire Department	Approve	Deny	Initials:	Date:
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Comments

Conditions