



**REQUEST FOR A CERTIFICATE OF OCCUPANCY**

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

Inspector: \_\_\_\_\_

Fire Department Contacted: y/n \_\_\_\_\_

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**TENANT INFORMATION - (Please type or print the following information)**

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

Address of Property: \_\_\_\_\_

Tenant President/Manager's Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Warehouse/Storage    YES    NO    If yes, please list contents (MSDS sheets required):

Number of customers expected at any one time: \_\_\_\_\_

**PROPERTY OWNER INFORMATION - (Please type or print the following information)**

Property Owner's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone No: \_\_\_\_\_ Emerg Phone No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Reason for Inspection:

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