



Occupancy Request Form

Address: _____

Type of Inspection: Building Certificate of Occupancy

Occupancy Load

Type of business _____

Square Footage _____

Seating moveable: Y / N

*Floor plan is required showing locations of exits, and rooms labeled.

Contact Name: _____

Contact Number: _____

Contact Email: _____

Office Use Only

Date received: _____ Fee \$ _____ Date issued: _____

Certificate of Occupancy Approved Use Zone: _____

Occupancy Load: _____ Approved Use: _____ Occupancy Classification: _____