



APPLICATION CERTIFICATE OF OCCUPANCY CHANGE OF USE/OWNERSHIP

It is the applicant's responsibility to SET UP INSPECTIONS with the departments below, obtain signatures and RETURN TO Code Enforcement Department

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|--|------------------------------|
| PROPERTY OWNER: | |
| OWNER'S ADDRESS: | OWNER'S PHONE NUMBER: |
| PROPERTY LOCATION ADDRESS: | |
| MAP/BLOCK/LOT: | ZONING DISTRICT: |
| LESSEE OR TENANT NAME/ADDRESS/PHONE NUMBER: | |
| NEW NAME OF BUSINESS: | |

| | |
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| Approved by: PLANNING/ZONING DEPT [527-1264] | Date: |
| Approved by: ASSESSING DEPT [527-1268] | Date: |
| Approved by: WATER DEPT [524-0901] | Date: |
| Approved by: PUBLIC WORKS DEPT [528-6379] | Date: |
| Approved by: FIRE DEPT (LIFE SAFETY INSPECTION) [524-6881] | Date: |
| Approved by: CODE ENFORCEMENT (ELECTRICAL and BUILDING INSPECTION) [527-1293] | Date: |
| Approved by: FINANCE DEPT [524-3877] | Date: |

COMMENTS: _____

PERMANENT CO **TEMPORARY CO**

CODE OFFICIAL'S APPROVAL: _____ **DATE:** _____