



Business Occupancy Application

BUSINESS INFORMATION

Business Name: Phone #:

Property Address:

Description (use/activity):

CONTACT PERSON

Name: Phone #:

Email Address:

Relationship to property (check one): Property Owner Lessee Agent (permit holder, design professional)

SITE INFORMATION

Number of striped existing parking spaces: parking spaces (including ADA parking)

Number of striped and signed ADA parking spaces: parking spaces

Square footage of the building or space being occupied: square feet

- Will there be any alterations to existing signs or their locations?
Will there be any new signs added to the building?
Does the structure/parking lot have exterior lighting?
Will there be a dumpster on the premises?
Will there be any structural modifications to the building?
Will there be any changes to the parking lot or building entrance?
Any changes in the current means of egress that involve exit doors, corridors, or locking arrangements of required exit doors?\*

\*Any alterations to any part of the building require the alteration to comply with the current edition of the building code in effect at that time.

DISCLAIMER: An incomplete application can delay the approval process. Please fill out all fields aside from FOR IN OFFICE USE ONLY.

Signature of Applicant: Date:

FOR IN OFFICE USE ONLY

Zoning: Previous Use:

- Does the building have an active sprinkler system?
Approved Disapproved: Backflow prevention device verified for testing requirements.

NOTES:

Approved | Disapproved

Planning Director: Date:

Building Official: Date: