



CERTIFICATE OF OCCUPANCY APPLICATION

\$100 FEE

Application Date: _____

Business Address: _____

Business Name (dba): _____ Phone #: _____

Business Owner's Name: _____ Address: _____

E-mail Address: _____

City/State/Zip: _____

Occupied Space SF: _____ No. of Employees: _____ No. of Restrooms: _____

Largest Assembly Room Square Footage: _____ No. of Parking Stalls: _____ No. of Handicapped Parking Stalls: _____

Business Type: _____

Property Owner's Name: _____ Address: _____

City/State/Zip: _____ Phone #: _____

	YES	NO	
Was this a pre-existing business?	<input type="checkbox"/>	<input type="checkbox"/>	
			IF SO, PLEASE EXPLAIN
Will there be any electrical work done?	<input type="checkbox"/>	<input type="checkbox"/>	
Will there be any mechanical work done?	<input type="checkbox"/>	<input type="checkbox"/>	
Will there be any plumbing work done?	<input type="checkbox"/>	<input type="checkbox"/>	

Check only the items you store, sell or use in your occupancy or business. If none apply, check NO.→		NO <input type="checkbox"/>
Alcoholic beverages _____	Cellulose nitrate film ** _____	For any storage over 12 ft. in height, write the number of sq. ft. you have. ** Provide Chemical Data Sheets to the Fire Marshal listing the maximum quantity of all hazardous material. (See House Bill 1112)
Food Products _____	Bales of loose combustible fibers _____	
Food and/or beverage processing, storage or sales. _____	Dry Cleaning (flammable solvents) ** _____	
Flammable or combustible liquids (10 gal or more only) ** _____	Woodworking _____	
Poisonous or hazardous chemicals/acids ** _____	Dust producing process _____	
Compressed gases ** _____	Welding or cutting _____	
Painting with flammables ** _____	Explosives or ammunition ** _____	
Vehicle Repair or Garage _____	Fireworks ** _____	
Recycling waste _____	Liquid propane gas ** _____	
	Magnesium _____	
	High Piled Stock _____	
	Other hazards (specify) _____	

ONCE THIS APPLICATION HAS BEEN SUBMITTED AND THE FEE PAID TO THE CITY OF CORINTH, IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT THE LAKE CITIES FIRE DEPARTMENT AT (940) 321.2141 AND, OUR BUILDING INSPECTOR AT (940) 498.3200 TO SCHEDULE THEIR RESPECTIVE INSPECTIONS.

A CERTIFICATE OF OCCUPANCY WILL **ONLY** BE ISSUED UPON COMPLETION OF BOTH OF THE ABOVE INSPECTIONS.

APPLICANT'S PRINTED NAME _____ SIGNATURE _____

RECEIVED BY: _____

DATE RECEIVED _____