



# Occupancy Permit Application

PROJECT	
Project Address	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial
Legal Description	Zone
Owner Name	Occupant Name
Owner Address	Occupant Address
Owner Phone	Occupant Phone
Description of Use	
Signature of Applicant _____ Date _____	

OFFICE USE				
Permit Number	Date Received/Paid			
Date Issued	Total Fees Paid			
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____				
Zone	Front	Back	Side	Side CL

**Occupancy permit fee:**  
**\$50 Residential**  
**\$75 Commercial**

**Please allow a minimum of five (5) working days for permit review and approval.**

OFFICE USE	
Building Permit #	Construction Type
Occupancy use	Occupancy Load
Applicable Edition of Code	Sprinkler System By
Special Conditions	
Signature of Building Official _____ Date _____	
<input type="checkbox"/> Certificate of Occupancy Printed <input type="checkbox"/> Certificate of Occupancy Mailed Date: _____ by: _____	