

\$25.00 application fee

payable to:

City of West Plains

# City of West Plains

## Certificate of Occupancy Application

Tax ID #: \_\_\_\_\_

Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suite \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Tenant/business name \_\_\_\_\_  
 Tenant contact name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Tenant mailing address (if different from above): \_\_\_\_\_  
 \_\_\_\_\_  
 Property owner name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Previous tenant name \_\_\_\_\_  
 Business/property use: Retail Wholesale Manufacturing Church  
 Service Distribution Office Warehouse Other \_\_\_\_\_  
 Describe business \_\_\_\_\_

Total employees \_\_\_\_\_ Max. (On-duty day or night) \_\_\_\_\_  
 (PARKING ANALYSIS MAY BE REQUIRED)

Is this a change of ownership/business name only? Yes No  
 If this use is a restaurant, will smoking be permitted? Yes No  
 Is building equipped with automatic fire sprinkler? Yes No  
 Areas: Office \_\_\_\_\_ sf Warehouse \_\_\_\_\_ sf  
 Retail \_\_\_\_\_ sf Restaurant \_\_\_\_\_ sf  
 Manufacturing \_\_\_\_\_ sf Sanctuary \_\_\_\_\_ sf  
 Other \_\_\_\_\_ sf Total \_\_\_\_\_ sf

Number of sq. ft. used for storage over 12 ft. in height: \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of a building permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.

- If your occupancy or business does not involve the storage, sale or use of the following, circle NO, otherwise circle YES and check the applicable items:
- |   | Yes   | No    |
|---|-------|-------|
| Alcohol sales   | _____ | _____ |
| Alcoholic beverages                                     | _____ | _____ |
| Bales of loose combustible fibers                       | _____ | _____ |
| Cellulose nitrate film                                  | _____ | _____ |
| Compressed gas  | _____ | _____ |
| Dry cleaning (flammable solvents)                       | _____ | _____ |
| Dust producing process                                  | _____ | _____ |
| Explosives or ammunition                                | _____ | _____ |
| Fireworks   | _____ | _____ |
| Flammable or combustible liquids (10 gal. or more only) | _____ | _____ |
| Floor drains in building                                | _____ | _____ |
| Food and/or beverage processing, storage or sales       | _____ | _____ |
| Food products   | _____ | _____ |
| High piled stock (over 12' in height)                   | _____ | _____ |
| Liquid propane gas                                      | _____ | _____ |
| Magnesium   | _____ | _____ |
| Other hazards (specify)                                 | _____ | _____ |
| Painting with flammables                                | _____ | _____ |
| Poisonous or hazardous chemicals/acids                  | _____ | _____ |
| Recycling waste   | _____ | _____ |
| Smoking   | _____ | _____ |
| Vehicle repair or garage                                | _____ | _____ |
| Vehicles in building                                    | _____ | _____ |
| Welding or cutting                                      | _____ | _____ |
| Woodworking   | _____ | _____ |
| X-ray development                                       | _____ | _____ |

Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous material.

List any materials discharged to drainage systems or atmosphere \_\_\_\_\_

Applicant printed name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

OA for \_\_\_\_\_ Address/ Location \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Zoning \_\_\_\_\_ Type of construction \_\_\_\_\_ Occupancy \_\_\_\_\_  
 Use Group \_\_\_\_\_ Applicable Code \_\_\_\_\_ Sprinkler Yes \_\_\_\_\_ No \_\_\_\_\_  
 Parking required for tenant \_\_\_\_\_ Parking required for site \_\_\_\_\_  
 Parking provided on site \_\_\_\_\_ Parking over (+) / under (-) \_\_\_\_\_  
 Comments \_\_\_\_\_ Application # \_\_\_\_\_  
 \_\_\_\_\_ Cash \_\_\_\_\_  
 \_\_\_\_\_ Check # \_\_\_\_\_