

\$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 # _____