



Occupancy Application Form

For All Non-Residential Building Occupancies

Occupant information:

Name of business or organization: _____

Primary Address: _____ City, State, Zip: _____

Business owner/manager name: _____ Phone #: _____

E-Mail Address: _____

Occupancy Type: New Tenant / Occupant Temporary Occupant Occupancy Change (*change of use*)

List/describe the proposed use(s) in the building: _____

Will food or beverages be sold on the premises? Yes No

If yes, check all that apply: Bar/restaurant Packaged food/beverage Vending machines Cafeteria

Do you plan to store anything outside of the building? Yes No

If yes, list/describe the items/vehicles that you plan to store outside: _____

Location to be occupied:

Street Address: _____ Unit/Suite: _____

Single-tenant building

Multi-tenant building

Trailer/temp structure

Size/area to be occupied: _____ square feet

Property Owner's Name: _____

Property Owner's Phone #: _____ Email: _____

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Property is zoned: _____ Zoning approved (initials): _____ Not approved (reason): _____

Occupancy Permit # _____ \$200 Fee paid: Cash Check Credit Not Req'd

Staff Signature: _____ Date approved: _____