



Certificate of Occupancy Permit Application

Tenant Business Name: _____

Tenant Business Address (include suite/floor):

City, State & Zip Code: _____

Business Owner Name: _____

Email: _____ Phone: _____

Property Owner Name: _____

Property Owner Address: _____

City, State & Zip Code: _____

Email: _____ Phone: _____

PROPOSED Type of Business (description of activity):

Zoning District: _____

Proposed Number of Employees: _____ Number of Vehicle Parking Spaces: _____

U&O will not be processed without the attached completed Certificate of Occupancy Sign-Off Sheet

Tenant Signature: _____ Date: _____

(copy of signed lease must be attached)