



Certificate of Occupancy Inquiry

Contact Information

Business Name

Owner Name

Phone Number

Email

Business Location

Zip Code

Are you currently operating a business in this location?

- ☐ Yes
☐ No

Do you know if this space currently has a Certificate of Occupancy on file?

- ☐ Yes it does
☐ No it does not
☐ I do not know

Building Information

I am:

- ☐ Leasing this space
☐ Purchasing this space
☐ The property owner of this space

What type of space is this?

- ☐ Stand alone building
☐ Tenant space in a larger building

How was this space used previously?

What type of business was in the space?

- ☐ Retail ☐ Day Care ☐ Food/Bev

- | | | |
|-------------------------------------|--|----------------------------------|
| ☐ Mercantile | ☐ Industrial | ☐ Storage |
| ☐ Education | ☐ I do not know | |

Approximate Square Footage**Are you making any physical changes to this space?**

- ☐ Yes
☐ No

What changes do you plan to make to this space?

Select any that apply.

- ☐ Low (paint, flooring)
☐ Moderate (windows, doors, plumbing, electrical)
☐ Major (redesign/moving walls)

Do you have any active permits or scheduled inspections for this space?

- ☐ Yes
☐ No

If you have permits or inspections, please let us know what those permits and inspections are for.

Building Use Information

What type of business do you plan to operate in this space?

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| ☐ Retail | ☐ Mercantile | ☐ Day Care |
| ☐ Salon | ☐ Food/Bev | ☐ Industrial |
| ☐ Storage | ☐ Education | |

What are your anticipated hours of operation?**Will there be food prepared in this space?**

- ☐ Yes
☐ No

Will there be walk-in customer traffic?

- ☐ Yes
☐ No

Will there be outdoor seating or other use of outdoor space?

- ☐ Yes
☐ No

Will there be any use of heavy equipment or harsh chemicals?

- ☐ Yes
☐ No

Briefly describe what the business does or sells.

How many on-site employees will you have?

- ☐ 0-5
- ☐ 6-15
- ☐ 16-30
- ☐ 31+