



APPLICATION for CERTIFICATE OF OCCUPANCY

Application is hereby submitted for a Certificate of Occupancy to the City of Lancaster

Name of Business (dba): _____

Address of Business: _____ Suite: _____

Applicant (Tenant) Name: _____ Phone: _____

Applicant Email: _____ Applicant Other Contact: _____

Owner of Property/Building: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of application: Change of Tenant Change of Use New Building Owner

Is there an open building permit for this location? Yes No

Building to be used as (check all that apply): Office Retail Wholesale Food Sales

Manufacturing Restaurant Warehouse

Other, please explain: _____

Describe type of business: _____

Square Footage of building or leased space: _____

Break down usage areas (square feet): Office: _____ Storage/warehouse: _____ Retail: _____

Is the electricity on? Yes No

(Please note that electricity is required for the Certificate of Occupancy inspection. No inspection can be done until the building has electrical power. Please apply for a Utility Verification permit if there is no power to the building and schedule the Certificate of Occupancy inspection once the building has electrical power.)

Churches and restaurants only: Are the seats fixed in place?

Yes No

Are you using tables and chairs for seating?

Yes No

If yes to either, please attach a seating plan with dimensions and aisle widths. If fixed seating is not utilized, the occupancy load will be calculated at one person for every seven (7) square feet of space; or, 15 square feet of space for tables and chairs.

Please note that this is an application only subject to review. Both the building and fire inspections may only be scheduled after the application has been reviewed and approved. Incomplete or missing information will delay to review and approval of the application.

Answer all questions or check "yes" or "no". Please attach a scaled and dimensioned floor plan that includes corridors, rooms and exits, label the use of the rooms.

1. Will you store, use, dispense or mix flammable or combustible liquids for purposes other than maintenance for operation of equipment? YES NO

If yes, provide a listing of hazardous materials as listed in Table 307.1(1) - 2015 IFC and IBC. Provide the material type, classification, quantities (solid, liquid, gas) and how used (storage, closed system, open systems). This listing may be prepared by a fire protection engineer.

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2. Will there be any spray painting on premises? YES NO
3. Will you store, handle or use any hazardous or toxic chemicals such as, but not limited to, radioactive, explosive, and organic materials? YES NO

If yes, provide a listing of hazardous materials as listed in Table 307.1(1) - 2015 IFC and IBC. Provide the material type, classification, quantities (solid, liquid, gas) and how used (storage, closed system, open systems). This listing may be prepared by a fire protection engineer.

4. Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines? YES NO
5. Will you be applying to the TABC for a mixed beverage permit? YES NO
6. Will you be applying to the City and the TABC for a private club permit? YES NO
7. Will any goods, merchandise or raw materials be stored outdoors? YES NO
8. Will used goods be sold on the premises? YES NO
9. If you will be performing any of the following processes on the premises, Please check the appropriate activities:
 Manufacturing Treating Formulation/Mixing/Processing Vehicle Washing
10. Will combustible dust be generated? YES NO
(Cabinet shop or similar type of use)
11. Are you occupying the entire building or lease space? YES NO
12. How many parking spaces are provided at this location: _____
13. Do you need Utilities service turned on? YES NO
(if "YES" please complete a Utility Verification permit)

ALL SIGNS REQUIRE A SEPARATE PERMIT
(Please submit a sign permit application for each sign separately)

I hereby certify that I have completed this questionnaire, I am an authorized agent of the named business, and I certify the information contained herein to be true and correct.

Applicant's Name: (please print) _____

Signature: _____ **Date:** _____

Contact Telephone Number: _____

Contact Email: _____