



CERTIFICATE OF OCCUPANCY APPLICATION

Date of application: _____

I Application for Certificate of Occupancy is made to the Building Official of the City of Lancaster requesting the inspection of the building at the following location:

Name of Business: _____

Address of Business: _____

Applicant Name: _____ Phone: _____

Applicant Email: _____ Applicant Other Contact: _____

Owner of Property/Building: _____ Phone: _____

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

Is this a change of ownership of business? _____

Building to be used as: Office Retail Wholesale Food Sales

Manufacturing Restaurant Warehouse

Other, please explain: _____

Describe type of business: _____

E- Mail Address: _____

Square Footage of building or leased space: _____

Are the Utility services on (i.e. electricity)? 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 only: Are the seats in the Sanctuary fixed pews? Yes No

If using pews , please attach a seating plan with pew 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 sanctuary space.

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

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, specify the type of product and the projected quantities. **SDS sheets are**

required to be submitted with this form. _____

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

If so, specify the type and projected quantities: _____

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 know the information contained herein to be true and correct.

Name: (please print) _____

Signature: _____ Date: _____

Contact Telephone Number: _____

Contact Email: _____