



## Commercial Certificate of Occupancy Application

<b>Information</b>	Permit #: _____	
<b>Business Name:</b> _____		
<b>Address:</b> _____	<b>Square Feet:</b> _____	
<b>INTENDED USE OF SPACE:</b> _____		
<b>OFFICE USE ONLY:</b>		
<input type="checkbox"/> New Building	<input type="checkbox"/> Existing Building	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alteration/Addition/Remodel to Building	
<b>Total Occupancy of Building:</b> _____	<b>Zoning District:</b> _____	<b>Construction Type:</b> _____

<b>Property Owner Information</b>	
<b>Name or Business Name:</b> _____	<b>Contact Person:</b> _____
<b>Street Address:</b> _____	
<b>Phone Number:</b> _____	<b>Mobile</b> _____ <b>Email</b> _____

<b>Tenant Information</b>	
<b>Name or Business Name:</b> _____	<b>Contact Person:</b> _____
<b>Street Address:</b> _____	
<b>Phone Number:</b> _____	<b>Mobile</b> _____ <b>Email</b> _____

### Does your business involve the storage, sale or use of the following: (Check all that apply)

- |   |   |   |                                    |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> Dry Cleaning Solvents  | <input type="checkbox"/> Flammable/combustible liquids (10 gallons or more) | <input type="checkbox"/> Alcohol   |
| <input type="checkbox"/> Combustible Fibers       | <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Floor drains in building                           | <input type="checkbox"/> Smoking   |
| <input type="checkbox"/> Cellulose Nitrate Film   | <input type="checkbox"/> Explosives/Ammunition  | <input type="checkbox"/> Food and/or beverage processing, storage or sales  | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Compressed Gas           | <input type="checkbox"/> Recycling Waste        | <input type="checkbox"/> Food products                                      |                                    |
| <input type="checkbox"/> Liquid Propane Gas       | <input type="checkbox"/> Magnesium              | <input type="checkbox"/> High piled stock (over 12' in height)              |                                    |
| <input type="checkbox"/> Vehicle Repair Garage    | <input type="checkbox"/> Vehicles in Building   | <input type="checkbox"/> Poisonous or hazardous chemicals/acids             |                                    |
| <input type="checkbox"/> Welding or Cutting       | <input type="checkbox"/> Woodworking            | <input type="checkbox"/> X-ray Development                                  |                                    |

**\*\*Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.\*\***

List any material discharged into the drainage system, ground, or atmosphere: \_\_\_\_\_

*It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. The issuance of a Certificate of Occupancy shall not be construed as an approval of a violation of the provisions of the building codes and/or the ordinances of the City of China Grove or any other local, state or federal law.*

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work/occupancy will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	<i>Approved By</i>	<i>Date</i>	<i>Comments</i>
<b>Building Department</b>			
<b>PW Department</b>			
<b>Fire Department</b>			
<b>Engineering Dept.</b>			
<b>Health Permit:</b>			

**Issued By:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**BV Project #:** \_\_\_\_\_