



# CITY OF DESOTO

## APPLICATION FOR CERTIFICATE OF OCCUPANCY



Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Is this a change of ownership? \_\_\_\_\_

Description of business: \_\_\_\_\_

Square footage of leased/occupied space: Office: \_\_\_\_\_ Retail: \_\_\_\_\_

Warehouse: \_\_\_\_\_ Other: \_\_\_\_\_ = Total: \_\_\_\_\_ sq. ft.

Number of parking spaces: \_\_\_\_\_

Occupants name: \_\_\_\_\_

Home address: \_\_\_\_\_

Owner of building: \_\_\_\_\_

Address of owner: \_\_\_\_\_

Phone number: \_\_\_\_\_

Is the building equipped with an automatic fire sprinkler system? Yes \_\_\_\_\_ No \_\_\_\_\_

List any commodities sold, used, or stored on site: \_\_\_\_\_

Type of storage: Rack: \_\_\_\_\_ Pallet: \_\_\_\_\_ Pile: \_\_\_\_\_ Other: \_\_\_\_\_

Maximum storage height: \_\_\_\_\_

List any materials discharged into drainage systems/atmosphere: \_\_\_\_\_

Are any hazardous or flammable chemicals sold, stored, used or produced on site? Yes \_\_\_\_ No \_\_\_\_

If yes, attach MSDS information and list maximum quantities.

Does your business involve storage, sale, or use of: Compressed gases: \_\_\_\_ Ammunition: \_\_\_\_

Welding: \_\_\_\_ Spray painting: \_\_\_\_ Explosives: \_\_\_\_

Will food/beverages be manufactured, packaged, stored, distributed, sold or prepared? Yes \_\_\_\_ No \_\_\_\_

Will alcoholic beverages be sold for consumption on the premises? Yes \_\_\_\_ No \_\_\_\_

Gas meter: Yes \_\_\_\_ No \_\_\_\_ Electric meter: Yes \_\_\_\_ No \_\_\_\_ Water meter: Yes \_\_\_\_ No \_\_\_\_

*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 use and occupancy will be complied with whether specified herein or not. The granting of a certificate of occupancy neither authorizes the violation of any federal or state statute or city ordinance, nor negates any deed restriction. I have also been made aware of and understand the certificate of occupancy process.*

Applicant's name (Please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's 24 hour phone no.: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Applicant's e-mail: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Planning/Zoning: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning: \_\_\_\_\_ Number of required parking spaces: \_\_\_\_\_

Fire Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspections: \_\_\_\_\_ Date: \_\_\_\_\_

Fire sprinkler: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Health Inspections: \_\_\_\_\_ Health Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE: If the Certificate of occupancy process isn't fully completed within 60 days then the application is null and void and will have to be resubmitted.**