

CERTIFICATE OF OCCUPANCY APPLICATION

Permit #:			Date:			
Property Address:						Suite:
Name of Business:			Telephone:			
Business Owner's or N	/lanager's	Name:				
Property Owner or Landlord:			Telephone:			
Owner's Address:						
Select all that apply:	RETAIL	CHURCH	FOOD SERVICE		INSTITUTIONAL	MANUFACTURING
	OFFICE	SCHOOL	PERSONAL SERVICE		OTHER:	
Provide written descri	iption of b	ousiness (What you do	o, products	you handle,	manufacture, store,	sell, etc.):
REASON FOR REQUES	T (Check o	one):				
New Tenant		Change of Name	Change of O		wner	Clean & Show
Total Area (sq. ft.) of premises:			Office Use (sq. ft.):			
#1 Emergency Contac	ct Name: _					
Phone Nos. Home:		Cell:			Other:	
#2 Emergency Contac	ct Name: _					
Phone Nos. Home:		Cell:		O		Other:
Application is hereby Westlake. I understar					-	ces and codes of the Town of he Building Official.
Signature of Applicant:					Date:	
Printed Name:		Phone:			Email:	