



Permit #:

# OCCUPANCY INSPECTION APPLICATION

<b>Site Address:</b>	<b>Suite #:</b>	<b>Zip:</b>
Development/Center:	Anticipated Date of Occupancy:	

**PROPERTY**

**REQUIRED:** Attach floor plan. Label use of rooms. Show square footage, room dimensions, restrooms, travel distance to exits. Show location of all fixed and moveable equipment and furniture, emergency lighting, sprinkler heads, and fire extinguishers (note number of extinguishers).

Tax Parcel # _____ - _____ - _____ - _____	Occupancy Classification:	Occupant Load:
Square Footage of Tenant Space: SF	Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm/Detection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Tenant/Type of Business (if known):		
Property Owner:	Phone:	
Contact Name/Agent:	E-mail:	
Address:	Suite #:	
City:	State:	Zip:

**BUSINESS INFORMATION**

New Tenant, Move In As Is: <input type="checkbox"/> No Change in Occupancy Type <input type="checkbox"/> Change in Occupancy Type From Type _____	<input type="checkbox"/> Food Truck - New
<input type="checkbox"/> New Tenant, Alterations/New Construction Under Building Permit #:	<input type="checkbox"/> Food Truck - Renewal
<input type="checkbox"/> Name Change – Former Name of Business Is:	<input type="checkbox"/> Change of Ownership
Name of Business:	Business Phone:
DBA:	Email:
Describe Business Activities:	
Year Business Opened:	NAICS Code:
Website:	
Check All That Apply: <input type="checkbox"/> Hazardous Materials/Processes <input type="checkbox"/> High-Piled Storage	

**APPLICANT**

Applicant is: <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager/Employee <input type="checkbox"/> Agent for Business		
Applicant's Name:	Phone:	
Company Name:	E-Mail:	
Address:	Suite #:	
City:	State:	Zip:

**CERTIFICATION**

I hereby affirm that I am the owner or legal lessee of the above property and certify that I have read and understand the following: If Move In As Is, the business named will be occupying space in an existing commercial development with the same use or similar use, as determined by City of Brookhaven Community Development Department AND there are no changes in any way (e.g. any gas, mechanical, plumbing and/or electrical work, load bearing, non-load bearing walls, fixtures, exits, etc.) apart from paint or other finishes. To make changes, a building permit will be required. Permits are required for exterior signs. A life safety inspection of the business will be conducted. The inspector may find life safety violations that will need to be corrected and re-inspected prior to any occupational tax certificate being issued; such corrections may require a building permit. Occupancy of the tenant space is not permissible until all requirements are met. If it is determined that the actual use is not consistent with the information provided, this application shall be considered null and void. I hereby affirm that the information provided is true and accurate. I hereby affirm that approval of this application does not constitute approval for any other permit that may be required by the City of Brookhaven or other agency having jurisdiction.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_