



Department of Community Development

APPLICATION FOR BUSINESS OCCUPANCY PERMIT

Permit Fee: \$125

Business:	
Name:	
Address:	Tax Key: ____ - ____ - ____ - ____ . ____
Detailed Description of Occupancy Type or Work Performed:	
A Floorplan Must Be Submitted – Attached <input type="checkbox"/> YES	
Business Owner:	
Name:	Phone: (____) ____ - ____ Email: _____
Home Address:	City, State, Zip:
Manager:	
Name:	Phone: (____) ____ - ____ Email: _____
Home Address:	City, State, Zip:
Building Owner:	
Name:	Phone: (____) ____ - ____ Email: _____
Address:	City, State, Zip:

Applicant Signature _____ Date _____

FOR STAFF USE ONLY	
NAIC CODE:	
ZONING:	

Approved By _____ Date _____