

# OCCUPANCY INSPECTION REQUEST APPLICATION

WATER **MUST** BE ON PRIOR TO INSPECTION

BUSINESS LOCATION ADDRESS & SUITE #: \_\_\_\_\_

LANDLORD/OWNER OF PROPERTY: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

**(MUST MATCH UTILITY COMPANY APPLICATION)**

EMAIL: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS/ STREET NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPROX. SQ. FOOTAGE OF BUILDING, SUITE OR AREA: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_

DESCRIPTION OF BUSINESS (TYPE): \_\_\_\_\_

WILL ANY WORK BE DONE TO THE BUILDING OR STRUCTURE: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES PLEASE INCLUDE THE SCOPE OF WORK: **(CIRCLE ONE)**

REPAIRING    REPLACING    MODIFYING

**(CHECK ONE)**

ELECTRICAL     MECHANICAL     PLUMBING

DESCRIBE WORK IN DETAIL: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

\_\_\_\_\_ RESIDENTIAL TENANT CHANGE  
\_\_\_\_\_ NEW BUSINESS                      \_\_\_\_\_ NEW OWNER OF BUSINESS                      \_\_\_\_\_ NAME CHANGE (BUS.)  
\_\_\_\_\_ SECURITY LIGHTS/PARKING ONLY                      \_\_\_\_\_ RETAIL SALE                      \_\_\_\_\_ OFFICE USE ONLY  
\_\_\_\_\_ OFFICE & WAREHOUSE                      \_\_\_\_\_ WAREHOUSE ONLY                      \_\_\_\_\_ CLEAN & SHOW (90) DAYS ONLY  
\_\_\_\_\_ RESTAURANT    ALCOHOLIC BEVERAGE    \_\_\_\_\_ SERVING    \_\_\_\_\_ SALES

**Will Call (CALL IN INSPECTION AT A LATER DATE)** \_\_\_\_\_ Yes    \_\_\_\_\_ No

PLEASE NOTE THAT ALL STORES, RESTAURANTS, ETC., THAT SERVE FOOD MUST CONTACT THE HEALTH DEPT. (225) 242-4870 FOR APPROVAL. AND THOSE SELLING OR SERVING ALCOHOL CONTACT ABC BOARD (225)389-3364

**HOSPITALS & DAYCARES MUST HAVE STATE FIRE MARSHALL INSPECTION; ALL OTHERS HAVE FIRE PREVENTION INSPECTION .**

**\*\* CUSTOMER IS RESPONSIBLE FOR CALLING UTILITY COMPANY PRIOR TO APPLYING FOR OCCUPANCY; NO REFUNDS WILL BE GRANTED \*\*\***

The above information is true to the best of my knowledge. I am aware if the building is completely empty, it can be left unlocked with the certificate on the outside of the door, otherwise someone must be present, between the hours of 8:00 a.m. and 3:30p.m., while the inspection is being made. I am aware that if any of the following occurs,

**I WILL BE CHARGED A \$20.00 RE-INSPECTION FEE.**

- \*Building locked up on the day of inspection.
- \*Building left unattended with any personal goods inside of the building.
- \*Incorrect information given during the process of the occupancy permit.
- \*Address & suite number not posted on building.

\_\_\_\_\_  
Applicant Name (Print)\*\*\*

\_\_\_\_\_  
Signature of Applicant\*\*\*

\*\*By signing this form I acknowledge that all information is correct and no work/changes requiring a permit will be done without a building permit. I also acknowledge that I am aware of all steps and procedures as related to this permit. CHECKS AND AMERICAN EXPRESS CARD ARE NOT ACCEPTED FOR PAYMENT OF AN OCCUPANCY