

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)** **(CHECK ONE)**
REPAIRING REPLACING MODIFYING ELECTRICAL MECHANICAL PLUMBING

DESCRIBE WORK IN DETAIL: _____

PLEASE CHECK ALL THAT APPLY:

_____ NEW BUSINESS	_____ RESIDENTIAL TENANT CHANGE	_____ NAME CHANGE (BUS.)
_____ SECURITY LIGHTS/PARKING ONLY	_____ NEW OWNER OF BUSINESS	_____ OFFICE USE ONLY
_____ OFFICE & WAREHOUSE	_____ RETAIL SALE	_____ CLEAN & SHOW (90) DAYS ONLY
_____ RESTAURANT	_____ WAREHOUSE ONLY	
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**