



CITY OF DESOTO

APPLICATION FOR CERTIFICATE OF OCCUPANCY



Name of business: _____

Address of business: _____

Is this a change of ownership? _____

Description of business: _____

Square footage of leased/occupied space: Office: _____ Retail: _____

Warehouse: _____ Other: _____ = Total: _____ sq. ft.

Number of parking spaces: _____

Occupants name: _____

Home address: _____

Owner of building: _____

Address of owner: _____

Phone number: _____

Is the building equipped with an automatic fire sprinkler system? Yes _____ No _____

List any commodities sold, used, or stored on site: _____

Type of storage: Rack: _____ Pallet: _____ Pile: _____ Other: _____

Maximum storage height: _____

List any materials discharged into drainage systems/atmosphere: _____

Are any hazardous or flammable chemicals sold, stored, used or produced on site? Yes ____ No ____

If yes, attach MSDS information and list maximum quantities.

Does your business involve storage, sale, or use of: Compressed gases: ____ Ammunition: ____

Welding: ____ Spray painting: ____ Explosives: ____

Will food/beverages be manufactured, packaged, stored, distributed, sold or prepared? Yes ____ No ____

Will alcoholic beverages be sold for consumption on the premises? Yes ____ No ____

Gas meter: Yes ____ No ____ Electric meter: Yes ____ No ____ Water meter: Yes ____ No ____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this use and occupancy will be complied with whether specified herein or not. The granting of a certificate of occupancy neither authorizes the violation of any federal or state statute or city ordinance, nor negates any deed restriction. I have also been made aware of and understand the certificate of occupancy process.

Applicant's name (Please print): _____

Applicant's signature: _____ Date: _____

Applicant's driver's license number: _____ State: _____

Applicant's 24 hour phone no.: _____ Alternate number: _____

Applicant's e-mail: _____

FOR OFFICE USE ONLY

Planning/Zoning: _____ Date: _____

Zoning: _____ Number of required parking spaces: _____

Fire Marshal: _____ Date: _____

Building Inspections: _____ Date: _____

Fire sprinkler: _____ Occupancy Group: _____ Construction Type: _____

Health Inspections: _____ Health Permit: _____ Date: _____

Comments: _____