



**CITY OF BREWER
APPLICATION FOR CERTIFICATE OF OCCUPANCY - Commercial**

To: Code Enforcement Officer

Date: _____

The undersigned hereby applies for a Certificate of Occupancy to use the building and/or land at the following location: _____

STATE IN DETAIL THE PURPOSE(S): _____

NAME OF BUSINESS: _____ LLC INC DBA

1. Number of people to be served by proposed use on a daily basis? _____
2. Estimated number of vehicles associated with the proposed use? _____
 - A. At any one period? _____
 - B. During any one day? _____
3. Proposed hours of operation? _____
4. Number of employees at any one time & daily total of employees? _____
5. If retail or wholesale is involved in proposed use, state the type of items to be sold:

6. If manufacturing and/or production of items are part of the proposed use, please state in detail:
 - A. The process used in the manufacturing and/or production of the items _____
 - B. Items produced? _____
7. If the proposed use involves living accommodations, please state in detail what the proposed use will be: _____

8. If the proposed use involves a boarding house, lodging house, rooming house, or apartment house which does not require site plan review, please provide the following information:
 - A. The number of rooms per unit? _____
 - B. The number of bathrooms per unit? _____

Property Owner's Name: _____ Address: _____ Tel: _____

Lessee's Name: _____ Address: _____ Tel: _____

Email Address: _____

Other buildings on same lot, if any: _____

Other existing uses on the lot or in the building, if any: _____

Square feet of floor area to be used for other than residential use: _____ # of employees: _____

OVER:

Signature of Property Owner and/or Authorized Official w/Title

Date

Signature of Applicant

Date

Applicant Mailing Address: _____

Telephone: _____

Email Address: _____

FOR OFFICE USE ONLY

Permit Denied _____

Permit Approved _____

Permit subject to: _____

Date: _____

Code Enforcement Officer/Health Officer

Check List:

Exit Sign _____

Emergency Lights _____

Fire Extinguisher(s) _____

Smoke/Carbon/Monoxide Detectors _____

Handrails _____

Nox Box _____

Key Box _____

Anti-Hammer Device on

Dishwasher/Washing Machine _____

Parking – Required Spaces _____

Building Number or address posted clearly _____

Map _____

Lot _____

Permit # _____

Payment \$ _____

Date: _____