

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)

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

Will Call _____ 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: _____ 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

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 the 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)***

Applicant Name (Signature)***

**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 CARDS ARE NOT ACCEPTED FOR PAYMENT OF AN OCCUPANCY