



Date: _____ Name of Business: _____

Address: _____ Building #: _____ Suite #: _____

Sprinkler: Yes No Unknown; If yes, provide a copy of the Fire Department Annual Sprinkler Inspection

Fire Alarm: Yes No Unknown; If yes, provide a copy of the Fire Department Annual Alarm Inspection

Emergency Lights: Yes No Unknown

Area Breakdown (in Sq. Ft.)

Retail: _____ Office: _____ Manufacturing: _____

Kitchen: _____ Dining: _____ Warehouse: _____

Storage: _____ Other: _____ Total Lease Space: _____

Applicant Signature: Check one: Owner Tenant Other: _____

Signature _____ Date _____

Print Name _____ Phone # _____ Fax # _____

Email: _____

----- Staff Use -----

Initials: _____

Permit Type: _____ Permit #: _____ Permit Name: _____

Project #: _____ C of O: Yes No Citation: Yes No

Census: _____ Qtr Sec: _____ Cncl Dist: _____ Zoning: _____

Units: _____ Occ Class: _____ Const Type: _____ Struc Class: _____

- Scope Code: COFO 1 (Valid Permit in Records with NO COFO)
 COFO 2 (No Permit in Records – Use established with other documentation)
 COFO 3 (Permits in Records with incomplete inspection history)

Research Fee Code: _____ Time: _____ Review Fee Code: _____ Time: _____

Permit Fee Code: _____

Comments/Instructions:

This publication can be made available in alternate formats (Braille, large print, computer diskette, or audiotape) upon request. Contact the Development Services Department at (602) 262-7811 voice or (602) 534-5500 TTY.