



Tenant Occupancy Application

Date of Application: _____

Property Address: _____

Tenant Information

Proposed Business Name: _____

Contact Person: _____ Phone: _____

Estimated Cost: _____ Automatic Sprinkler: _____ Yes or No _____

Property Owner Information, (if different from Tenant)

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Proposed occupancy type: _____

Previous occupancy type: _____

Zoning of the Property: _____ Gross Square Footage: _____

Land Use Classification per the Land Use Matrix in the Unified Development Code

Applicant Signature: _____

Office Use Only

Permit# _____

Inspection Date: _____

Electric Transfer:	YES	NO
Electric Reconnect:	YES	NO
Health Inspection Required:	YES	NO

Inspector Comments: _____

Inspector Approval: _____
