



**APPLICATION
CERTIFICATE OF OCCUPANCY**

DATE: _____ PERMIT NO: _____

BUSINESS NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

Applicant Signature: _____ Date: _____

~OFFICE USE ONLY~

PROPOSED BUILDING USE: _____ ZONE: _____

- | | | | |
|-----------------|--------------------------|-------------------|--------------------------|
| (1) Assembly | <input type="checkbox"/> | (6) Institutional | <input type="checkbox"/> |
| (2) Business | <input type="checkbox"/> | (7) Mercantile | <input type="checkbox"/> |
| (3) Education | <input type="checkbox"/> | (8) Residential | <input type="checkbox"/> |
| (4) Factory | <input type="checkbox"/> | (9) Storage | <input type="checkbox"/> |
| (5) High Hazard | <input type="checkbox"/> | (10) Other | <input type="checkbox"/> |

Number of Stories: _____ Level of Use: _____ Basement: _____

Construction Type: _____ Area: _____ Occupant Load: _____

MEETS CODE REQUIREMENTS:

	Yes	No		Yes	No
1. Adequate Separation	<input type="checkbox"/>	<input type="checkbox"/>	7. Exit Signs	<input type="checkbox"/>	<input type="checkbox"/>
2. Means of Egress	<input type="checkbox"/>	<input type="checkbox"/>	8. Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
3. Automatic Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	9. Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
4. Elevator	<input type="checkbox"/>	<input type="checkbox"/>	10. Electric System	<input type="checkbox"/>	<input type="checkbox"/>
5. No. of Exits	<input type="checkbox"/>	<input type="checkbox"/>	11. H & A System	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	12. Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>

DEFICIENCIES NOTED:

ITEM	DEFICIENCY

I hereby acknowledge that I have been advised of any deficiencies and a plan of corrections will be submitted to the Guthrie Building Official within 5 days outlining a plan to correct any and all deficiencies. **All deficiencies shall be corrected within 30 days.**

Applicant Signature: _____ Date: _____

Inspector Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____
(Commercial/Multi-Family Residential Inspections)