



## Commercial Building Occupancy Change Application

Name of Business Owner:

Address:

Contact Number:

Name of Business:

Type of new business at this location:



Name of Prior Business:

What type of business was at this location prior to this date?

Will there be any changes to the existing floor plan? Yes:  No:

If your floor plan is changing, on Form CDF-99-03 draw the floor plan as it is today and draw a floor plan of how you are going to change it. Include door location, walls, and room measurements and label all rooms.

### Building Information:

Total square footage of building:

Number parking spots available:

How many exits are available? 1    2    3    4    5    6    More:

### Applicant Certification: (Must be completed if the owner is not the applicant)

I certify that the information and exhibits herewith are true and correct to the best of my knowledge and that in filing this application, I am acting where applicable and with the knowledge or concept of all persons of interest.

If you, the Applicant, are not the property owner please describe your role in the project:

Date:  Applicant's Name:

Applicant's Signature:

**The owner of the property must sign this application on page #2.**

**Owner Certification:**

I certify that I am the person of interest and the information and exhibits herewith are true and correct to the best of my knowledge. I am acting with the knowledge and consent of all persons of interest. I do consent that I am the owner of the property listed on this application. I consent and authorize the applicant listed on this application to act on my behalf. I have read and understand the procedures and requirements as they pertain to the City of Lebanon building regulations. I hereby authorize the City of Lebanon code official or the code official's authorized representative to enter the property listed on this application at any reasonable hour to enforce the provisions of the building code. I also understand that I, along with all parties involved are responsible for assuring that the inspection(s) are scheduled as necessary.

Signature of Owner: 

Date: 

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**Staff Use Only:**

Zoning: \_\_\_\_\_ Previous use group: \_\_\_\_\_ (IBC Chapter 3)

New use group: \_\_\_\_\_

Number of existing parking spots: \_\_\_\_\_

Number of parking spots required: \_\_\_\_\_ (City Code Appendix A, Section 8, Page 2081)

Does this require an article 34 done by an Architect or Engineer? Yes:  No:

Does this require a Conditional Use from P & Z? Yes:  No:

This building qualifies for an occupancy inspection: Yes:  No:

Date: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
Code Administration Staff

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What is the new occupancy load? \_\_\_\_\_ (IBC Table 1004.1.1)

Number of exits? \_\_\_\_\_ Required exits: \_\_\_\_\_ (IBC 3409, IFC Table 1019.2, 1019, 1018.2)

Did this structure pass the occupancy inspection? N/A:  Yes:  No:

Is a re-inspection required? Yes:  No:  Re-inspection Date: \_\_\_\_\_

Code Administration approves this application for a 60-day utility turn on. N/A:  Yes:  No:

Code Administration approves this application for occupancy. Yes:  No:  Date: \_\_\_\_\_

Did you receive the emergency contact information: Yes:  No:

Date: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

Code Administration Building Inspector