



City of Macedonia

CHANGE OF OCCUPANCY PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT

New Tenant Existing Tenant (addition, reduction) Existing Tenant (change in business name)
 Building Owner change Other

Business Name: _____ Tax I.D. _____

Business Address: _____ Phone: _____

Contact Person: _____ Ph. _____ Email: _____

Owner Name: _____

Owner Address: _____ Phone: _____

Description of proposed use of site: (Any materials being warehoused/stored, outdoor storage, retail activity being proposed, etc.)

Total square feet to be occupied: Proposed or Altered: _____

Construction Type: _____

Use Groups: _____

Number of Occupants: _____

Primary Use: _____

Accessory: _____

Mixed Uses: _____

Fire Sprinkler Systems: _____

Hazard Classification: _____

System Type & Location: _____

Storage Height & Aisle Width: _____

Sprinkler: _____

Outdoor Storage: _____

By signing below the applicant certifies that the information presented in this application is true and accurate. The Building and Fire Department inspections of the premises will be scheduled after the applicant signs a completed application, the permit fee is paid, and zoning approval has been granted.

Signature of Applicant

Printed Name

Date

