



Business Address

Lot Number

N.C.B.

Use Zone

Type Building

Story / Storys

Occupancy Group

Basement Area

Use

**Sales Tax Number
for this Address**

**Must be completed with no blank spaces in order to receive
Certificate of Occupancy.**

TENANT INFORMATION



Name of Business _____

Type of Business _____

Address _____

Local Business Contact _____

Business Phone _____ **Fax** _____

Cell Phone _____

Email Address _____

Name of Company/Owner _____

Address _____

Primary Business Contact _____

Cell Phone/ Office Phone _____

Email Address _____ **Fax** _____

Owner of Building _____

Address _____

Primary Business Contact _____

Cell Phone/ Office Phone _____

Email Address _____ **Fax** _____

EMERGENCY CONTACT INFO

Primary Emergency Contact _____

Phone Number _____

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