

**Town of Bartonville
Building Inspections**

Date: _____

Non Residential (Commercial) Application for Certificate of Occupancy

**** Please provide correct information as this will be what is listed on the Certificate of Occupancy****

Name of Business Organization: _____ Telephone _____

Proposed Business Address: _____ Contact Person _____

Type of Business or Activity _____
(Certificate of Occupancy will cover only use specified)

Number of Proposed Occupants: _____ Square Feet of Space _____

Applicant's name: _____ Telephone: _____ Fax _____

Applicant's Mailing Address: _____

Name of Property Owner _____ Telephone: _____ Fax _____
(If different from above)

Owner's Mailing Address: _____

Does your occupancy involve storage, sale or use of the following? Mark Y for Yes or N for No.

Food Products? _____ Food and/or Beverage Processing? _____ Heating or Cooking of Food? _____

On site Consumption of Alcoholic Beverages? _____ Flammable or Combustible Materials? _____

Poisonous or Hazardous Chemical or Acids? _____ LP Gas? _____ Compressed Gas? _____

Fumigation? _____ Dry Cleaning? _____ Cellulose Nitrates Film? _____ Fireworks? _____

Bales or Loose Combustible Fibers? _____ High Piled Storage of Combustible Items? _____

Dust Producing Equipment/Materials? _____ Explosives or Ammunition? _____ Magnesium? _____

Garage or Vehicle Repair? _____ Woodworking? _____ Paint/Flammable Material? _____

Reclaiming of Waste Materials? _____ Remarks: _____

For Office Use Only:

Zoning _____ Flood Zone _____ Parking Required _____ Parking Provided _____ # Stories _____ Sprinklers _____

Description of Sanitary Sewer or On-Site Sewage Facility _____

Below to be filled in by Inspection Personnel:

Date Inspected _____ Inspector Name _____

Approved: _____ Denied _____ Pending _____ Temporary Power _____ Non Conforming Use _____

Required Corrections: _____