



Date: _____ Name of Business: _____

Address: _____ Building #: _____ Suite #: _____

Sprinkler: Yes No Unknown (If yes, provide a copy of the Fire Department Annual Sprinkler Inspection)

Fire Alarm: Yes No Unknown (If yes, provide a copy of the Fire Department Annual Alarm Inspection)

Emergency Lights: Yes No Unknown

Building or Suite area breakdown (in Sq. Ft.):

Retail: _____ Office: _____ Manufacturing: _____

Kitchen: _____ Dining: _____ Warehouse: _____

Storage: _____ Other (specify): _____ Total Lease Sq. Ft.: _____

I am the owner (or an authorized agent acting on behalf of the owner) of the property at the address listed on this application.

Applicant Signature: _____ Print Name: _____

Applicant Phone: _____ Email: _____

----- **Staff Use** -----

Initials: _____

Permit Type: _____ Permit #: _____ Permit Name: _____

Project #: _____ C of O: Yes No Citation: Yes No

Census: _____ Qtr Sec: _____ Cncl Dist: _____ Zoning: _____

Units: _____ Occ Class: _____ Const Type: _____ Struc Class: _____

- Scope Code: COFO 1 (Valid Permit in Records with NO COFO)
 COFO 2 (No Permit in Records – Use established with other documentation)
 COFO 3 (Permits in Records with incomplete inspection history)

Submittal or Permit (Please circle one and related Fee Code below):

Submittal: Research/Review Fee Code: **BSCSTAFF (Please specify number of hours for review)** _____

Permit: Permit Fee Code: **BSCINSP (Please specify number of inspection disciplines)** _____

Comments/Instructions: _____