



CERTIFICATE OF OCCUPANCY APPLICATION AND ZONING INFORMATION

PLEASE COMPLETE AND RETURN WITH MUNICIPAL REGISTRATION APPLICATION.

Bridgeport City Ordinance 1305.04 states that before using any building or premises or part thereof hereafter created, erected, changed, converted or enlarged in use or structure or occupancy of vacant land or for a change in the use of land, a certificate of occupancy shall be applied for and duly approved by the City's duly appointed agent. The certificate will be issued only if such building or premises, or part thereof, and the proposed use thereof conform with the building permit and provisions of this Zoning Ordinance and will be issued only after completion of construction.

This form is to be submitted for all new businesses that will maintain a physical location within the City of Bridgeport. It is also required for each existing business that will move or expand to a new location within the City of Bridgeport.

Permits are required for any remodeling or build-outs and can be obtained at Bridgeport City Hall between the hours of 7:30 a.m. and 4:00 p.m., Monday-Friday. Upon passing final inspection, you will receive a Certificate of Occupancy.

PROPERTY ADDRESS:			
PROPERTY OWNER NAME:			
PROPERTY OWNER MAILING ADDRESS:			
PROPERTY OWNER PHONE:		PROPERTY OWNER EMAIL:	
TENANT NAME (IF DIFFERENT FROM PROPERTY OWNER):			
TENANT MAILING ADDRESS:			
TENANT PHONE:		TENANT EMAIL:	
BUSINESS NAME:		NORMAL BUSINESS HOURS:	
SQUARE FOOTAGE TO BE OCCUPIED:		NUMBER OF EMPLOYEES:	
PROPOSED USE (E.G., RETAIL, RESTAURANT, MEDICAL FACILITY):			
ARE RENOVATIONS PLANNED? <small>IF YES, PLEASE DESCRIBE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE FACILITY MEET ADA COMPLIANCE STANDARDS? <small>IF NO OR IF YOU ARE UNSURE, PLEASE CONTACT 304-842-8237.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE FACILITY HAVE AN EXISTING FIRE ALARM OR SPRINKLER SYSTEM? <small>IF YES, PLEASE DESCRIBE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS A BACKFLOW DEVICE INSTALLED? <small>IF YES, PLEASE LIST LAST TEST DATE AND NAME OF TESTER. IF NO, PLEASE CONTACT 304-842-8231 FOR INSTALLATION REQUIREMENTS AND INFORMATION.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL HAZARDOUS MATERIALS BE USED? <small>IF YES, PLEASE DESCRIBE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS OFF-STREET PARKING AVAILABLE? <small>IF YES, PLEASE LIST NUMBER OF PARKING SPACES AVAILABLE.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THIS A HOME OCCUPATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL FOOD BE PREPARED OR SOLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL ALCOHOL BE SOLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE ANY GAMING DEVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE LIVE ENTERTAINMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL MEDICINAL CANNABIS BE GROWN, PROCESSED OR DISPENSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>The applicant hereby certifies as to the correctness of this Certificate of Occupancy Application and that it is in strict compliance with all provisions of the zoning ordinance, building code and other authorities having jurisdiction and amendments thereto.</i>			
APPLICANT SIGNATURE:		DATE:	
FOR OFFICE USE ONLY			
CURRENT ZONING DISTRICT:	PROPOSED USE:	BUILDING PERMIT REQUIRED:	
ADDITIONAL APPROVAL NEEDED (E.G., PC, ZAB, CITY COUNCIL):	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	COMMENTS:	
SIGNATURE:	TITLE:	DATE:	