

## Eolia Community Fire Protection District

### Occupancy Permit Application

#### Property Information

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Property Owner Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Business / Occupant Information

Business Name (if applicable): \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_

Owner / Tenant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Type of Permit Requested

New Occupancy

Change of Occupancy

Existing Business Renewal

Temporary Occupancy

Assembly/Event Occupancy

Residential Rental Inspection

Other: \_\_\_\_\_

#### Building Information

Building Use: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Maximum Occupant Load Requested: \_\_\_\_\_

Year Constructed: \_\_\_\_\_

Does the building contain a fire alarm system? Yes No

Does the building contain a fire sprinkler system? Yes No

Does the building contain emergency lighting and exit signs? Yes No

Heating Type: \_\_\_\_\_

Cooking Operations Present? Yes No

Hazardous Materials Stored or Used? Yes No

If yes, explain: \_\_\_\_\_

### Required Documentation

Site Plan

Floor Plan / Occupant Layout

Emergency Exit Plan

Business License

State/Liquor/Health Permits

Fire Alarm Inspection Report

Sprinkler Inspection Report

Hood Suppression Inspection Report

Other: \_\_\_\_\_

### Applicant Certification

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not authorize occupancy until inspection approval is granted by the Eolia Community Fire Protection District.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Fire District Use Only**

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_

Approved Occupant Load: \_\_\_\_\_

Approved

Approved with Conditions

Denied

Comments / Corrections Required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_