



To All Applicants:

A Certificate of Occupancy for a building or suite is a legal instrument which allows the public at large to enter the premises. The issuance of the Certificate of Occupancy does not grant the holder permission to begin conducting business. The undersigned acknowledges that a business license/occupational tax license must be obtained before the commencement of any business activity.

Applicant's Signature

Applicant's Name (Please print)

Date



Certificate of Occupancy

This application is valid for review and is submitted for obtaining an inspection and approval for issuance of a Certificate of Occupancy by the City of Canton Building Official. Application is valid for this purpose only and is void for further consideration if, after sixty (60) days from application date, final approvals and issuance of Certificate of Occupancy has not been accomplished.

Business Type: (Please mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Church/Assemble | <input type="checkbox"/> Commercial Pool |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Sales/Construction Office | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Laboratories | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Institutional/Hospital | <input type="checkbox"/> Retail Space | <input type="checkbox"/> Educational/School |
| <input type="checkbox"/> Bakery/Coffee Shop | <input type="checkbox"/> Industrial | <input type="checkbox"/> Any Chemicals |
| <input type="checkbox"/> Other _____ | | |

Business Information:

Business Name: _____

Address: _____

Tax Parcel: _____ Land Lot: _____ District: _____ Section: _____

Total Square Footage: _____ Total Stories: _____ Number of Employees: _____

Contact Name: _____ Phone Number: _____

Fax Number: _____ Cell Number: _____

Property Owner: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Business Owner Name: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Applicant Name: _____

Phone Number: _____ Date: _____

Staff Only: Approvals

Date: _____ CO Application: _____