

Application #:_	
Date:_	

Application for Certificate of Occupancy

PURPOSE: This application should be filled in completely and carefully in order to ensure that the process is completed as quickly as possible. Please submit this application to the Inspections Department for review.

	possible. Please submit this application to the inspections Department for review.		
Addr	ess of Property	☐ Commercial	
		Residential	
		☐ Mobile Home	
Prop	erty Owner's Name	Phone	
Prop	erty Owner's Address		
City	State Zip Code		
Appli	cants Name	Phone	
Appli	cants Address		
City	State Zip Code		
Has t	his Business been in any other locations in Ruston? Give Address:		
Туре	of Business (specific use in detail):		
Total	Square Footage:		_
Desc	ribe any changes being made (exterior, signage, etc):		
Signa	ture of Applicant or Agent	Date:	_
			_
ı	Office Hea Only		
	Office Use Only		
	What zone? C.U.P Required?		
	Number of Parking Spaces Required:Remarks:		
	Approved:		
Ĺ			

Flood Zone ____ Type Construction ____ Fire District ____ Permit Fee _____ Occ ____ Approved _