

Certificate of Occupancy Application

Fee: \$25.00

City of Thornton
9500 Civic Center Drive
Thornton, Colorado 80229

For Official Use Only

Important Information Please Read and Understand: A Certificate of Occupancy (CO) is required for any business that has changed ownership or changed location. A CO is also required when the type of business changes, even though the location and ownership remains the same. This application is the first step toward receiving your CO. This application is not applicable to spaces that will be modified or new structures. This application will be reviewed by the Building and Planning Divisions for compliance with the applicable codes. Upon approval, a permit will be issued and you will be contacted to schedule an inspection. A Certificate of Occupancy will be issued when the final inspection has been approved.

Street Address of Building: _____ Unit # _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip: _____

Name of Business: _____ Phone: _____

Name of Owner/Operator: _____

Type of Business: _____ Opening Date: _____

Will there be any changes to the floor plan of the building? Circle one Yes No

Will there be any changes to the electrical system? Circle one Yes No

Will there be any changes to the plumbing system? Circle one Yes No

Will there be any changes to the heating or cooling system? Circle one Yes No

Is the building equipped with a fire sprinkler system? Circle one Yes No

Is the building equipped with a fire alarm system? Circle one Yes No

Will there be any changes to the fire sprinkler or alarm system? Circle one Yes No

Will there be any changes to the site or exterior of the building? Circle one Yes No

What is the principle use of the space you will occupy? _____

What was the previous use of the space you will occupy? _____

What is the space to the left of your space used for? _____

What is the space to the right of your space used for? _____

What is the space behind your space used for? _____

Please Note: A final building inspection is required to be approved before a CO is issued. Please call 303-538-7250 if you have any questions about this form or your inspection.

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Use Group: _____ Fee Paid: _____

Tenant Improvement Required: Yes No Fee Refund: _____

Approved by: _____ Date: _____

Business CO Floor Plan



Depth
___ Feet ___ Inches

Width
___ Feet ___ Inches

Instructions:

1. Measure the width and depth of the space you will be occupying and place the measurements in the appropriate boxes above.
2. Draw in the location of all interior partition walls.
3. Draw in the location and size of all exit doors.
4. Label each room with its use.
5. Draw in the restrooms

I hereby attest that the statements made in this application are true to the best of my knowledge and that I am the owner or legal representative of the owner of the proposed business

Applicant's Signature

Phone Number

Date

Building Address: _____ Business Name: _____



CITY OF THORNTON ZONING

COMMERCIAL OCCUPATION LICENSE QUESTIONNAIRE

(Please Print)

Business Name: _____ Phone No.: _____

Business Address: _____

Name of Property Owner: _____

Applicant's Name: _____

PLEASE ANSWER ALL QUESTIONS

1. Describe the type of business _____

Will there be any outdoor storage or display associated with the business? _____

If yes, explain _____

2. Is this business a new use for this location? _____

If yes, what was the previous use? _____

3. If the activity is a restaurant, what is the total seating capacity? _____

4. How many parking spaces are currently provided for your use? _____

5. Will the business be an adult amusement establishment, adult book store, adult photo studio, or an adult theater? _____

6. All wall signs and most freestanding signs require a building permit; this includes replacing sign copy, installing new signs, placing banners, or other temporary signs. Identify the size and location of all signs that will be on the property. (Use back if needed).

7. Will there be any changes to the landscaping, parking lot or outside portion of the building? (Explain)

I understand that the continued permission of this license is dependent upon me abiding by all regulations of the Municipal Code of the City of Thornton. The information stated above is to the best of my knowledge true and accurate.

Applicant's Signature

Phone Number

Date

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ZONE: _____

PERMIT #: _____

COMMENTS: _____

APPROVED/DISAPPROVED

BY: _____

DATE: _____