



# COMMUNITY DEVELOPMENT CERTIFICATE OF OCCUPANCY APPLICATION

300 NE 3<sup>rd</sup> St. Rm 12 Prineville, Or 97754 Ph: 541-447-3211 FAX: 541-416-2139 [bld@co.crook.or.us](mailto:bld@co.crook.or.us)

**INSPECTION OF PREMISES:** As part of the Certificate of Occupancy application procedure, an inspection of the premises will be made by the Community Development and Fire Departments. This inspection should be scheduled within 48 hours after submitting this application. Your building and/or land is not to be occupied until after an application is made, an inspection has occurred, any required modifications are accomplished, and the formal Certificate of Occupancy is signed and issued.

**FOR OFFICE USE ONLY**

Date Rcvd:	Date Issued:	Amt Rcvd:	Check #:	C.O. #
Use class:	Group:	Type:	Fire Zone:	Zone:
Final approval by; Bldg Inspector:	Date/Time:	Fire Inspector:	Date/Time:	
Planning file #:	County Planner:	City Planner:		
Inspection Date:	Modifications to be made:	Yes, see attached	No	
Re-inspection Date (if required):	Notes:			

**PROPERTY INFORMATION**

Anticipated Date of Occupancy: \_\_\_\_\_

Reason for C of O:  New Business  Name Change  Ownership Change  Location change  Building Ownership

Building Full Address: \_\_\_\_\_ Map Tax Lot #: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Building Owner Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Type: \_\_\_\_\_ email: \_\_\_\_\_

Total Square Footage of floor area this business will be occupying: \_\_\_\_\_

Type of Structure:  Wood Frame  Concrete  Steel No. of Stories \_\_\_\_\_

Additional Info: \_\_\_\_\_

Building Sprinkler: Yes  No  Leased Space Sprinkler: Yes  No  Fire Alarm System: Yes  No

Hazardous Materials/Products: Yes  No  If yes, list or attach MSDS sheet: \_\_\_\_\_

**A CROOK COUNTY HEALTH DEPARTMENT PERMIT** is required for the following, will you offer:

Food  Daycare  Hotel/Motel  Other \_\_\_\_\_

*(If yes to any of the above, a completed Health Dept. Permit must be attached to this application)*

**I, the undersigned, hereby certify that I have read the foregoing application and information, understand same and that the representations made therein are correct and accurate.**

<b>Signature of Business Owner</b>	<b>Signature of Property Owner</b>
<b>Print Business Owner's Name</b>	<b>Print Property Owner's Name</b>
<b>Phone: _____ Date: _____</b>	<b>Phone: _____ Date: _____</b>