

City of Buhl

Occupancy Permit Application

<input type="checkbox"/> Existing	<input type="checkbox"/> New	<input type="checkbox"/> Change Owner of Tenant	<input type="checkbox"/> Change Occ. Classification	<input type="checkbox"/> Other _____
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Occupancy Address:	D.B.A.:
Owner:	Mailing Address:
Phone/Fax	City, State, Zip:
Tenant or Occupant:	D.B.A.:
	Mailing Address:
Phone/Fax:	City, State, Zip:

Please provide a brief description of the use of occupancy:

Special Hazards of Processes:

Code Compliance	Date Inspected/Reviewed	Compliance	With Provisions	Approved By
Zoning Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> See Attached Comment	
Building Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> See Attached Comment	
Fire Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> See Attached Comment	
Billing		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> See Attached Comment	
Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> See Attached Comment	

For Official Use Only

Occupancy Classification:	Zoing Classification:
Type of Construction:	Date Certificate Issued:
Fee: Permit # _____	Other:

Applicant Signature: _____ Date: _____