



# City of Buhl

## Planning & Zoning Department

### Certificate of Occupancy Application

OCCUPANT CHANGE TYPE	
<input type="checkbox"/>	New Owner
<input type="checkbox"/>	New Tenant
<input type="checkbox"/>	Occupancy Class Change

OCCUPANCY ADDRESS:		
<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

USE		
Existing Use: _____		
_____		
_____		
Same use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Use: _____		

FEES	
New Owner/Same use:	<b>NO FEE</b>
New Tenant/Same use:	<b>NO FEE</b>
New Owner/ New use:	<b>\$50.00</b>
New Tenant/New use:	<b>\$50.00</b>
Occupancy Classification Change:	<b>\$50.00</b>

<b>APPLICANT INFORMATION</b>
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Property Owner Name *(if different than occupant)*: \_\_\_\_\_

Occupant Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D.B.A: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City* *State* *ZIP Code*



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PLEASE PROVIDE A BRIEF DESCRIPTION OF THE OCCUPANCY USE:

<i>Hours of Operation:</i> Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____	<i>Special Hazards of Processes:</i> _____ _____ _____ _____ _____ _____
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AVAILABILITY FOR INSPECTIONS: \_\_\_\_\_

\_\_\_\_\_

_____ <i>Applicant signature</i>	_____ <i>Date</i>
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**OFFICIAL USE ONLY**

CODE COMPLIANCE	DATE		COMPLIANCE		WITH PROVISIONS	APPROVED BY
	REVIEWED	INSPECTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SEE COMMENT ATTACHED	
ZONING			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SEE COMMENT ATTACHED	
BUILDING			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SEE COMMENT ATTACHED	
FIRE			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SEE COMMENT ATTACHED	
BILLING			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SEE COMMENT ATTACHED	
OTHER _____			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SEE COMMENT ATTACHED	

OCCUPANCY CLASSIFICATION:		ZONING CLASSIFICATION:	
TYPE OF CONSTRUCTION:		DATE ISSUED:	
FEE:		OTHER:	