



**FILL OUT THIS FORM IF YOU ARE APPLYING IN PERSON
OTHERWISE, COMPLETE THE ONLINE APPLICATION AT
MYPERMITNOW.ORG**

TPCG CHANGE OF OCCUPANCY / CERTIFICATE OF OCCUPANCY CHECK LIST

Applicant name: _____ Business name: _____

Applicant phone: _____ Applicant email: _____

Project address: _____ Mailing address: _____

Applicable Building Codes:

- IBC 2021 International Building Code
- IPC 2021 International Plumbing Code
- IMC 2021 International Mechanical Code
- IEBC 2021 International Existing Building Code
- NEC 2020 National Electrical Code

NOTE: If renovations/alterations are proposed that involve new construction, repairs or relocation of any walls, doors, windows, roof coverings, electrical, mechanical, or plumbing, a commercial renovation permit is required.

The following information needs to be provided for all Change of Occupancy and/or Certificate of Occupancy permits (do not leave anything blank, mark N/A for Not Applicable if appropriate):

Building and Planning information: *(Provide the following if not already indicated within any drawings that may have been provided)*

____ Gross Area of Leased Space *(approximate square footage of the owned/leased total space)* _____

If office/warehouse combined:

Total square footage of office space _____ Total square footage of warehouse _____

____ Gross Building Area *(IF KNOWN please provide approximate square footage of total building area including areas not owned/leased)* _____

____ Number of Existing Parking Spaces *(provide brief description of number of off-street parking stalls assigned to space and if any are to be added)* _____

____ Previous Occupancy Use *(Please provide to the best of your knowledge a brief description of previous building use, i.e., office, office/warehouse, repair shop, etc... and/or type of previous business activities)*

___ Proposed Occupancy Use (*Provide brief description for new use of building i.e. office, hair salon, restaurant, automotive shop, retail, storage, water processing, etc.*) _____

___ Will the proposed use of the structure involve **waste** as defined by Chapter 11 of the Terrebonne Parish Code of Ordinances? _____

___ If so, will the waste(s) be generated, disposed, collected, transported, and/or stored at the facility? _____

___ If so, what type of waste(s) will be involved **and** how will the waste be generated? _____

___ Do you possess or require an EPA Hazardous Waste ID number? _____. If so, please provide your EPA Hazardous Waste ID Number _____.

___ Please list all Federal/State permits received/applied for regarding hazardous waste, NORM, waste, etc:

___ Number of Existing Restrooms _____; Number and type of fixtures in each if more than one set in each restroom

___ Number of Existing Drinking Fountains (if provided) _____

___ Existing Building Type Construction: (*Provide brief description of existing building type construction, i.e. wood framing and/or metal/steel, masonry, etc., or combination thereof*) _____

___ Storage areas / Occupancy: (*Provide brief description of types of items to be stored*) _____

___ Floor Plan (*Please provide if available at time of application*). NOTE: Although a floor plan will NOT always be required (i.e. office use to office use or retail to retail etc. –same use), depending on the previous and new occupancy use, one may be required. In order to reduce review and approval time we recommend providing one if already available.

___ Utilities are: (*Please circle*) ON OFF

Renovations: (*The following information is required if applicable; see note **in bold** at beginning of this check list*)

___ Scope of work: (*Provide brief description of renovations to be done.*)

