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 2015 International Building Code
- IPC 2015 International Plumbing Code
- IMC 2015 International Mechanical Code
- IEBC 2015 International Existing Building Code
- NEC 2014 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 sq. footage of office space  
    Total sq. 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.)

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