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.)