



APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY

12800 Arbor Lakes Parkway, PO Box 1180

Maple Grove, MN 55311

763-494-6062

Business Name(dba): _____

Business Site Address: _____

Business Contact Person: _____ Phone # _____

Email address _____

Owner of Building : _____ Phone # _____

Address _____

Street

City

State

Zip

(the above must be completed in it's entirety)

Business Type:

<input type="checkbox"/>	Retail	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Office/Bank/Professional	<input type="checkbox"/>	Office/Warehouse
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Church	<input type="checkbox"/>	Amusement/ /Recreational	<input type="checkbox"/>	Restaurant

Describe **FULLY** the nature of use, materials used, also list hazardous and flammable materials if applicable, and hours of operation, etc. (attach an additional sheet of paper of more room is needed).

Total Occupied Square Footage _____ Tobacco License Required ___ Yes ___ No

Total Number of Employees _____ Liquor License Required ___ Yes ___ No

Number of Parking Spaces Available _____

Industrial Users Please Complete This Section

Office Area Square Footage _____

Shop/Factory Area Square Footage _____

Warehouse/Storage Area Square Footage _____

(signature required on reverse side)

ALL INFORMATION MUST BE SUBMITTED IN ORDER TO BE CONSIDERED FOR A CERTIFICATE OF OCCUPANCY.



