



COMMUNITY DEVELOPMENT CERTIFICATE OF OCCUPANCEY APPLICATION

300 NE 3rd St. Rm 12 Prineville, Or 97754 Ph: 541-447-3211 FAX: 541-416-2139 bld@co.crook.or.us

INSPECTION OF PREMISES: As part of the Certificate of Occupancy application procedure, an inspection of the premises will be made by the Community Development and Fire Departments. This inspection should be scheduled within 48 hours after submitting this application. Your building and/or land is not to be occupied until after an application is made, an inspection has occurred, any required modifications are accomplished, and the formal Certificate of Occupancy is signed and issued.

FOR OFFICE USE ONLY

Date Rcvd:	Date Issued:	Amt Rcvd:	Check #:	C.O. #
Use class:	Group:	Type:	Fire Zone:	Zone:
Final approval by; Bldg Inspector:	Date/Time:	Fire Inspector:	Date/Time:	
Planning file #:	County Planner:	City Planner:		
Inspection Date:	Modifications to be made:	Yes, see attached	No	
Re-inspection Date (if required):	Notes:			

PROPERTY INFORMATION

Anticipated Date of Occupancy:

Reason for C of O:	New Business	Name Change	Ownership Change	Location change	Building Ownership
Building Full Address:					Map Tax Lot #:
Building Owner:	Building Owner Address:				
Business Name:				Business Phone:	
Business Type:				email:	
Total Square Footage of floor area this business will be occupying:					
Type of Structure:	Wood Frame	Concrete	Steel	No. of Stories	
Additional Info:					
Building Sprinkler:	Yes	No	Leased Space Sprinkler:	Yes	No
Fire Alarm System:			Yes	No	
Hazardous Materials/Products: Yes No If yes, list or attach MSDS sheet:					

A CROOK COUNTY HEALTH DEPARTMENT PERMIT is required for the following, will you offer:

Food	Daycare	Hotel/Motel	Other
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(If yes to any of the above, a completed Health Dept. Permit must be attached to this application)

I, the undersigned, hereby certify that I have read the foregoing application and information, understand same and that the representations made therein are correct and accurate.

Signature of Business Owner	Signature of Property Owner
Print Business Owner's Name	Print Property Owner's Name
Phone: Date:	Phone: Date: