



## COMMERCIAL RE-INSPECTION PROGRAM APPLICATION

This application requires a \$100 application fee to be submitted to the Department prior to project inspection.  
Please print.

Proposed Commercial Business Name: \_\_\_\_\_

Proposed Commercial Property Address: \_\_\_\_\_

Unit/Suite Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner/Lessor Name: \_\_\_\_\_

Property Owner/Lessor Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Detailed Description of Proposed Occupancy, Use, and Services Offered: \_\_\_\_\_

\_\_\_\_\_

Building/Unit Area: \_\_\_\_\_ Square Feet

Number of Building/Unit Exits: \_\_\_\_\_ Exit Doors

Number of Building/Unit Restrooms Provided: \_\_\_\_\_ Number of Toilet & Lavatory Fixtures Provided: \_\_\_\_\_

Provide detailed, scaled, dimensioned, labeled, and easily legible floor plan of the existing building and unit. Indicate means of egress, exits, and restrooms with plumbing fixtures. Indicate equipment, fixture, and furnishing layout.

I confirm that the documents submitted accurately reflect existing conditions and that no construction and/or alteration occurred at this property location due to the proposed occupancy and/or use associated with this application.

The purpose of the Commercial Reinspection Program is to inspect existing commercial properties vacant for 90 days or more to ensure commercial properties remain in code compliance for their continued occupancy and intended use. This program applies only if/when no change of occupancy/use or construction/alteration occurs. All construction and/or alteration requires applicable building and/or trade permits. The Department of Permits & Inspections reviews documents and conducts inspections to identify any code compliance issues that require resolution, remediation, or correction.

The Department shall process all applications as quickly as possible, dependent upon the information required and provided. The Department shall not be responsible for business decisions and contract executions between other parties. **False or inaccurate information provided by the applicant shall void the application and inspection with no application fee refund.**

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Department of Permits & Inspections Use Only:**

Building Construction Classification:

- Type I A
- Type II A
- Type IIIA
- Type VA

- Type IB
- Type IIB
- Type IIIB
- Type VB

Proposed Building Occupancy Classification:

- A – Assembly
- B – Business
- E – Educational
- F – Factory/Industrial
- H – Hazardous
- I – Institutional
- M – Mercantile
- S – Storage

Existing Building Occupancy Classification:

- A – Assembly
- B – Business
- E – Educational
- F – Factory/Industrial
- H – Hazardous
- I – Institutional
- M – Mercantile
- S – Storage

Maximum Occupant Load: \_\_\_\_\_ Persons

Building Construction Date: \_\_\_\_\_

Last Building Permit Issued or Scheduled Reinspection Number: \_\_\_\_\_

Existing Certificate of Occupancy on Record:

- Yes  No

CO Date: \_\_\_\_\_

Building Division Approval:

- Approved  Denied  Permit Application Required

Building Division Staff Review Name: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Division Approval:

- Approved  Denied

Zoning Division Staff Review Name: \_\_\_\_\_

Date: \_\_\_\_\_

Health Department Approval:

- Approved  Denied  Approval Not Required

Health Department Staff Review Name: \_\_\_\_\_

Date: \_\_\_\_\_