



Development and Planning Department
 220 West Willow Street, Building B
 Lafayette, LA 70501
 Monday thru Friday 7:00 am - 4:00 pm
 Ph: (337) 291-8000
 Fax: (337) 291-8492

Certificate of Occupancy (City of Lafayette only)

Fill out this document; then print, sign, and send to the address above.

FAILURE TO SUBMIT A COMPLETE, LEGIBLE APPLICATION WILL RESULT IN DELAYS OR DENIAL OF A CERTIFICATE OF OCCUPANCY

A NON-REFUNDABLE APPLICATION FEE IS REQUIRED Cash or check only (payable to LCG)			
Permanent \$100.00 <input type="checkbox"/>		Temporary – Show to Lease (Owner/Agent for Utilities Only) \$25.00 <input type="checkbox"/>	
A Temporary Certificate of Occupancy is good for 90 DAYS ONLY . One (1) extension may be granted with special approval from the Fire Prevention Division of the Lafayette Fire Department. Only the property owner or leasing agent may apply for a Temporary Certificate of Occupancy. NO BUSINESS MAY BE CONDUCTED WITH A TEMPORARY CERTIFICATE OF OCCUPANCY.			
Date:	Electric Meter Number:	For Office Use Only:	Zoning District:
Alcohol Sales:		Has a Building Permit been issued for this location:	
<p>STOP HERE if any one (1) the following applies:</p> <ul style="list-style-type: none"> • A building permit has been issued OR • You propose to do construction OR • You have performed construction without a permit <p>The Certificate of Occupancy will be issued through the permitting process. Please contact our office at (337) 291-8461 for additional information.</p>			
Is the Business currently in Operation:			
BUSINESS INFORMATION			
Physical Address of Business:			
City:		State:	Zip:
Business Name (Must be same name that will be used for utility account, beer/liquor permit):			
Previously Permitted Use (Name of last business at this location):			
Date Property last used (When did last occupant move out?):			
Proposed Use of Property (List all uses of the building and land):			
Mailing Address (if address is different from Physical address):			
BUSINESS OWNER OR LOCAL MANAGER			
Name (List owner or manager i.e. person responsible for day to day operation):			
Home Address (Local Lafayette Information Only):			
City:		State:	Zip:
Phone (24 hour contact number in case of Emergency):			
Email Address:			
City:		State:	Zip:

CONTACT PERSON FOR FIRE INSPECTION		
Name (Contact person with building access):		
Phone Number (number where they can be reached between 8 a.m. and 9 a.m. Monday thru Friday):		
Address:		
City:	State:	Zip:
Email Address:		
PROPERTY OWNER, LANDLORD OR LEASING AGENT		
Name:		
Address:		
City:	State:	ZIP :
Phone:	E-mail:	

NO SIGN IS ALLOWED AT THIS LOCATION WITHOUT BEING PROPERLY PERMITTED THROUGH THE DEVELOPMENT & PLANNING DEPARTMENT.

Signature of Applicant / Authorized Agent

Date