

220 W. Willow St Bldg. B  
 Lafayette, LA 70501  
 (337) 291-8000



## CERTIFICATE OF OCCUPANCY APPLICATION CITY OF LAFAYETTE ONLY

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

### A NON-REFUNDABLE APPLICATION FEE IS REQUIRED

PERMANENT \$100.00       TEMPORARY (OWNER/AGENT ONLY) \$25.00

A TEMPORARY CERTIFICATE OF OCCUPANCY IS GOOD FOR 90 DAYS ONLY. ONE 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: | Is there currently a Building Permit for this location: |
|----------------|---|

If YES, then a C.O. is not required. It will be handled thru the permitting process.  
 If NO, continue on.

Is the Business currently in Operation:

### BUSINESS INFORMATION

Physical Address of Business:

|       |        |      |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Name of Business (Must be same name that will be used for utility account, beer/liquor permit):

Immediate Past Use & Occupancy (Name of last business at this location):

Date Building was last used (When did last occupant move out?):

Building to be used for (List all uses of the building and land):

### BUSINESS OWNER OR LOCAL MANAGER

Name (List owner or manager i.e. person closest to Lafayette):

Home Address (Local Lafayette Information Only):

|       |        |      |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

Phone (24 hour contact number in case of Emergency):

Email Address:

Mailing Address (if address is different from Physical 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, REPRESENTATIVE 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.**

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Signature of Applicant / Authorized Agent

Date