



Certificate of Inspection Application Commercial with Public Assembly Space

(Please attach a copy of Inspection Report from licensed inspector.)

Address of Premises Inspected:

Parcel No.: _____

Applicant Information:

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Cell Phone Number: _____

Email Address: (NOW REQUIRED) _____

Name of Business/Entity: _____

Tax ID Number of Business/Entity: _____

Inspection Information:

Date Initial Inspection Occurred: _____

Other Insp. Dates: _____

Name of Licensed Company Performing Inspection: _____

Name of Inspector: _____

Violations Correction Date: _____

Verification of Correction Date: _____

Name of Inspector Verifying Correction: _____

Application Fee:

\$50.00

Method of Payment: **Credit Card or Check** (circle one)

Credit Card Number: _____

Expiration Date: _____

3 Digit Code: _____

I _____, duly authorized to act on behalf of _____, verify that all information provided in the governmental document is complete. Further, I verify that all necessary inspections and corrections of any violations have occurred at the premises known as _____, and that I have no knowledge of any fire safety, property maintenance of any other code violations in existence at the same premises.

Signature of Applicant

OFFICIAL USE ONLY

Date: _____ Fee: _____ Agent: _____ App. No.: _____