

City of Pocahontas Certificate of Occupancy Application

Address of the structure: _____

Building Permit # _____

Name of the owner: _____

Electrical Permit # _____

Address of the owner: _____

HVACR Permit # _____

City: _____

State: _____ Zip Code: _____

Plumbing Permit # _____

Name of the tenant (business) : _____

Constuction Type: _____

Mailing address of tenant: _____

Occupancy Group: _____

City: _____

State: _____ Zip Code: _____

Occupant Load : _____

Phone: _____

Email: _____

Description of work done under permit: _____

Description of business: _____

Is the structure supplied with an automatic sprinkler system: _____, if yes, # of heads? _____

Signature _____ Date: _____

Print Name: _____

Office use:		
Signatures:	Date:	Inspection Date:
Building Official: _____	_____	_____
Fire Official: _____	_____	_____