

Application for CERTIFICATE OF OCCUPANCY

ROCKY MOUNT
DEVELOPMENT SERVICES
THE CENTER OF IT ALL



Applicant's Name (please print clearly):	
Proposed Business Address:	
Proposed Business Name:	
Type of Business*:	
Applicant Address:	Applicant Telephone:
Applicant email:	Alternate Telephone:
If known, what was the last date former business in operation:	
What type of business was formerly at the location:	
Do you have another business location within the City of Rocky Mount? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, what is the address of other business:	
Are there any underground storage tanks at the new location? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, do you plan to utilize them? <input type="checkbox"/> YES <input type="checkbox"/> NO	

*If proposed use is residential care (family care home or group home) please submit completed Group Home Questionnaire with this application. If inspection finds location is not in compliance, you will have thirty (30) days to make corrections and request re-inspection. All requests not completed within thirty (30) days will become void.

NOTE: All businesses must provide fire extinguishers with a minimum rating of 2A:10BC or larger. Some businesses will need only one, most will need more. Please feel free to contact any Fire Inspector with the Life Safety Division of the Rocky Mount Fire Department at 252-972-1376 before your scheduled appointment for answers to questions you may have.

Applicant Signature: _____ **Date:** _____

\$75 Fee Due Upon Completion

This is an inspection only. If preliminary inspection reveals that the property will not comply with state and local ordinances you will be notified at the time of the inspection.

(Do not write below this line. For office use only.)

Received on ___/___/___ by _____ (initials)	Property Zone: _____	Application # _____
Is property in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is property in the Floodway? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is property in the Watershed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Checked by: _____	
Approved by _____		Date _____
Inspection Date: _____ ____ Mon. ____ Tues. ____ Wed. ____ Thur. ____ Fri.	Inspection Time: ____ 10:30 am ____ 11:00 am ____ 2:00 pm ____ 2:30 pm ____ 3:00 pm	

Revised 10/20