

City of Eureka Springs Certificate of Occupancy request check list

Date:

Name of applicant:
Address

Owner of Building:
Address:

Phone:

Phone:

Date or date's you would like to have the inspection:

Time:

Address of business needing to be inspected:

Minimum information required to be provided by applicant prior to inspection.

1. Type of existing business example (hotel, retail, beauty salon). _____
Classified by building official, circle one. A ,B, E, F ,H ,J ,M, R ,S ,U
2. Name of existing Business: _____
3. Type of new business: _____
If mixed use show percentage of each use area
4. Name of new business: _____
5. Type of building construction example wood frame, steel, concrete. _____
Classified by building official, circle one. Type 1A, 1B, 2A, 2B, 3A, 3B, 4, 5.
6. Any construction changes? Yes No. If yes provide proper drawings or plans as required by state and local codes. See section 601 of AFPC.
7. Number of stories total in building. _____
8. Story your business will be on. _____
9. Does the building have a sprinkler system? _____
10. Does building have a fire alarm system? _____
11. Total square foot of space for new business. _____
12. Is the building in the fire district as shown in the city map or code? _____
(If yes all construction must be of noncombustible construction.)
13. Will there be any changes made to space or building? Yes No If yes describe.

This list is not intended to be a complete list of requirements, but rather a guide to assist the Building and Fire official in determining code compliance.

Fax to city hall at 253- 6967 or call 253-9703