



# BUILDING SAFETY DIVISION - CITY OF CLINTON, IOWA

## PERMIT APPLICATION

### CERTIFICATE OF OCCUPANCY



NEW BUSINESS ADDRESS

CITY USE ONLY

#### Building Owner Information

Owner Name

Address

City, St. Zip

Phone

Email:

#### Inspections

☐ Preliminary

☐ Final

#### Permit

☐ Approved

Official's Signature

Date:

Fee: ☐ Paid

#### Business Owner Information

Owner Name

Address

City, St. Zip

Phone #

Email:

☐ Home Based Business

☐ Commercial Business

☐ Industrial Business

Description of the Business:

Primary Occupancy type: ☐ Assembly ☐ Business ☐ Education ☐ Factory-Industrial ☐ High-Hazard  
☐ Institutional ☐ Mercantile ☐ Residential ☐ Storage ☐ Utility and Miscellaneous

Additional occupancy types included in business if not one specific type above (please list):

☐ New construction ☐ Alteration ☐ Addition ☐ Change of Occupancy

Construction type: ☐ Fire Resistive ☐ Noncombustible ☐ Ordinary ☐ Heavy timber ☐ Light weight wood frame

Sprinkler system present: ☐ Yes ☐ No Full protection: ☐ Partial protection:

Standpipe system present ☐ Yes ☐ No

Basement present: ☐ Yes ☐ No Mezzanine present: ☐ Yes ☐ No

Building height: Building area (square ft.) Number of stories:

Occupant load: Number of exits provided:

Life safety systems provided: ☐ Emergency lighting ☐ Exit signs ☐ Fire alarm system ☐ Smoke detection systems  
☐ Exit door panic hardware ☐ Fire extinguishers Fire extinguisher rating: \_\_\_\_ A \_\_\_\_ BC

Plumbing fixtures: Number of mens restrooms \_\_\_\_ Number of womens restrooms \_\_\_\_ Number of family restrooms \_\_\_\_  
Number of toilets in mens restrooms \_\_\_\_ Number of urinals in mens restrooms \_\_\_\_ Number of toilets in womens restrooms \_\_\_\_  
Number of toilets in family restrooms \_\_\_\_ Number of drinking fountains \_\_\_\_ Are facilities ADA accessible? ☐ Yes ☐ No

Accessible parking spaces: Parking lot sq. ft. \_\_\_\_ Number of parking spaces \_\_\_\_ Number of accessible spaces \_\_\_\_  
Number of van accessible parking spaces \_\_\_\_

Reviewers Notes:

By signing below, I agree to perform all work in accordance with the adopted codes of the City of Clinton and State of Iowa.

Owner/Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF YOUR RIGHT TO APPEAL:** Any person having a legal interest in the property listed above may appeal the findings and order contained herein to the City of Clinton's Housing Board of Appeals. Such appeal shall be in writing and shall be filed with the Code Official **within 20 days** from the date of this Notice. Failure to appeal in the time specified will constitute a waiver of all rights to an administrative hearing.

**LIEN NOTICE:** If you fail to correct these violations, any action taken by the City of Clinton to bring property into compliance, whether as permitted by applicable Code Sections or as authorized by a Court of competent jurisdiction, may be charged against the real estate upon which the structure is located and shall be a lien upon such real estate.