



BUILDING SAFETY DIVISION - CITY OF CLINTON, IOWA

PERMIT APPLICATION



CERTIFICATE OF OCCUPANCY

NEW BUSINESS ADDRESS

Building Owner Information

| | | |
|---------------|--|--------|
| Owner Name | | |
| Address | | |
| City, St. Zip | | |
| Phone | | Email: |

Business Owner Information

| | | |
|---------------|--|--------|
| Owner Name | | |
| Address | | |
| City, St. Zip | | |
| Phone # | | Email: |

CITY USE ONLY

Inspections

Preliminary
 Final

Permit

Approved

Official's Signature

Date:

Fee: Paid

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.