



Design, Environment and
Construction Division
2635 Talley Street
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Decatur, Georgia 30031
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<http://www.decaturga.com>

Office Use Only	
Certificate # _____	Approved by: _____
Occupancy Type _____	Occupant Load _____
Date: _____	No C.O. Required <input type="checkbox"/> Home Occupation <input type="checkbox"/>

Application for Occupancy for Business Use

Part 1. Business Location Information		Part 2. Property Owner Information	
Name of Business (DBA) Occupying Space:		Name of Property Owner (landlord/management company):	
Business Street Address:	Suite #:	Property Owner Mailing Address:	
Owner Name:	Phone of Business:	Contact:	Property Owner's Phone
Email:			

Part 3. Describe the Business Activity	
A. Building Lease/ Ownership Information <input type="checkbox"/> New Business in a New Building/Renovated Building <input type="checkbox"/> New Business in a Partially Renovated Building or Suite <input type="checkbox"/> New of Business – No Renovation or Construction Work <input type="checkbox"/> Business Name Change – No Renovation or Construction <input type="checkbox"/> Sublease Within an Existing Office Space (Stop - Complete Part 5)	B. Business Information Hours of Operation _____ to _____ Total Number of Employees _____ Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled or stored on site? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 4. Description of Building Occupied by Business Activity			
Area Occupied: _____SF	Total Building Area: _____SF	Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No

I HEREBY CERTIFY THAT I AM THE BUSINESS OWNER OR AN AUTHORIZED AGENT OF THE BUSINESS OWNER AND HAVE THE BUSINESS OWNER'S CONSENT TO REPRESENT THE BUSINESS AND THE INFORMATION PROVIDED WITHIN THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED INFORMATION MAY LEAD TO THE REVOCATION OF THE CERTIFICATION OF OCCUPANCY AND/OR OTHER REMEDIES AS MAY BE PROVIDED BY LAW.

Applicant Signature: _____ Date: _____

<h3 style="margin: 0;">Approval of Use and Occupancy</h3> <p>Please complete the following 5 steps in the correct order to complete this form. Please expect that the required time to complete these approvals is a minimum of 3 to 5 business days.</p> <p>Step 1: Make sure your business is located within Decatur's city limits, the zip code will typically be 30030</p> <p>Step 2: Additional Jurisdictional Approvals will required for Food Service Establishments and Establishments Producing Fats Oils and Greases with DeKalb County Watershed Management F.O.G. Compliance Program, Floor 3, 330 W. Ponce De Leon Ave. Decatur, GA 30030, (404)-687-7150. Contact Andy Brumbalow at andy.brumbalow@decaturga.com for additional instructions required for Food Service Establishments</p> <p>Step 3. Obtain a Fire Department Inspection: www.decaturga.com/inspections, Select "Fire Department Inspection"</p> <p>Date: _____ By: _____ Comments: _____</p> <p>Step 4. Obtain a Zoning and Building Occupancy Verification: After Fire Department Inspections are completed and this document has been signed, Email the completed form to andy.brumbalow@decaturga.com Approvals will be returned by email. Note: An Inspection of the premises by the Building Official may be required and will be scheduled upon receipt of this application.</p> <p>Date: _____ By: _____ Comments: _____</p> <p>Step 5. Alcohol License Approval: Contact the Accounting Office, accountspayable@decaturga.com 678-553-6743</p> <p>Date: _____ By: _____ Comments: _____</p>
