**Application for Occupancy for Business Use**

### Part 1. Business Location Information

<table>
<thead>
<tr>
<th>Name of Business (DBA) Occupying Space:</th>
<th>Name of Property Owner (landlord/management company):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Street Address:</td>
<td>Property Owner Mailing Address:</td>
</tr>
<tr>
<td>Owner Name:</td>
<td>Contact:</td>
</tr>
<tr>
<td>Phone of Business:</td>
<td>Property Owner’s Phone:</td>
</tr>
</tbody>
</table>

**Email:**

### Part 2. Property Owner Information

- **Hours of Operation:**
- **Total Number of Employees:**

### Part 3. Describe the Business Activity

- **A. Building Lease/Ownership Information**
  - New Business in a New Building/Renovated Building
  - New Business in a Partially Renovated Building or Suite
  - New Business – No Renovation or Construction Work
  - Business Name Change – No Renovation or Construction
  - Sublease Within an Existing Office Space (Stop - Complete Part 5)

- **B. Business Information**
  - 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? Yes □ No □

### Part 4. Description of Building Occupied by Business Activity

<table>
<thead>
<tr>
<th>Area Occupied: ________ SF</th>
<th>Total Building Area: ________ SF</th>
<th>Fire Sprinklers? □ Yes □ No</th>
<th>Previously Occupied? □ Yes □ No</th>
</tr>
</thead>
</table>

**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 FALSED INFORMATION MAY LEAD TO THE REVOCATION OF THE CERTIFICATION OF OCCUPANCY AND/OR OTHER REMEDIES AS MAY BE PROVIDED BY LAW.**

**Applicant Signature:**__________

**Date:**__________

### Approval of Use and Occupancy

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.

**Step 1:** Make sure your business is located within Decatur’s city limits, the zip code will typically be 30030

**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

**Step 3. Obtain a Fire Department Inspection:** [www.decaturga.com/inspections](http://www.decaturga.com/inspections) Select “Fire Department Inspection”

**Date:**__________  **By:**__________  **Comments:**__________

**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.

**Date:**__________  **By:**__________  **Comments:**__________

**Step 5. Alcohol License Approval:** Contact the Accounting Office, accounts payable@decaturga.com 678-553-6743

**Date:**__________  **By:**__________  **Comments:**__________

---

**Office Use Only**

Certificate #:__________  Approved by:__________

Occupancy Type_________  Occupant Load:__________

Date:__________  No C.O. Required □ Home Occupation □