

OFFICE OF THE BUILDING COMMISSIONER, CITY OF MUNCIE, INDIANA

**APPLICATION FOR CERTIFICATE OF OCCUPANCY
OR TRANSIENT MERCHANT**

Building Permit Number: _____

Date: _____

Project Owner: _____

Phone: _____

Owner's Mailing Address: _____

Location of Project: _____

Business
Name: _____

Property Owner: _____

Phone: _____

Property Owner's Mailing Address: _____

(If Transient Merchant)

Estimated Cost: _____

Length of time at this location: _____

PURPOSE OF OCCUPANCY: _____

ZONING: Zone _____ Gross Square Feet _____

Department of Natural Resources:

Project Located in Floodplain yes _____ no _____

Base Flood Elevation _____

Flood Protection Grade _____ (2 feet above base flood elevation)

Historical Area: yes _____ no _____

Automatic Sprinkler System? yes _____ no _____

Eatery/Food Establishment? yes _____ no _____

(If You checked yes - you must contact the Delaware County Board of Health at (765)747-7721, prior to opening for business).

Print Applicant Name

Sign Applicant Name

Address

Phone