



# City of Richmond

Department of Codes Enforcement  
P.O. Box 250, 239 West Main Street, Richmond, KY 40475  
(859)625-6404



## CERTIFICATE OF OCCUPANCY APPLICATION

Location of Business: \_\_\_\_\_  
Street Address Suite #

Name of Business: \_\_\_\_\_ Richmond Business License # \_\_\_\_\_

**\*\* Must provide proof of Richmond Business License before application is accepted.**

Previous Occupant (if known): \_\_\_\_\_

Description of Business (sales, office, salon, restaurant, etc.): \_\_\_\_\_

Square Footage: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Name of Owner or Manager

**For official use only – This portion of form to be filled out by the Department of Codes Enforcement**

ZONE: \_\_\_\_\_ PERMITTED USE: (Y) (N)

PARKING SPACES PROVIDED: \_\_\_\_\_ PARKING SPACES REQUIRED: \_\_\_\_\_

NEW RESTAURANT – NEED GREASE TRAP APPROVAL OR PERMIT: (Y) (N)

EXISTING NONCONFORMING (Y) (N) BOA (Y) (N)

ADDITIONAL COMMENTS: \_\_\_\_\_

Approved for Certificate of Occupancy \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Building Inspector

**For official use only – This portion to be filled out by the Fire Marshall**

OCCUPANCY CLASSIFICATION: \_\_\_\_\_ OCCUPANT LOAD \_\_\_\_\_

ANNUAL CERTIFICATIONS: SPRINKLER (Y) (N) (NA) ALARM (Y) (N) (NA)

EXIT SIGNS: (Y) (N) (NA) EMERGENCY LIGHTING: (Y) (N) (NA)

EXTINGUISHERS (Y) (N) (NA) HOOD SYSTEM (Y) (N) (NA)

DETECTORS (Y) (N) (NA) OCCUPANT LOAD POSTED FOR ASSEMBLIES (Y) (N)

ADDITIONAL COMMENTS: \_\_\_\_\_

Approved for Certificate of Occupancy \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Fire Marshall