



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
<input type="checkbox"/> Preliminary
<input type="checkbox"/> Final
Permit
<input type="checkbox"/> Approved
Official's Signature
Date:
Fee: <input type="checkbox"/> Paid

<input type="checkbox"/> Home Based Business	<input type="checkbox"/> Commercial Business	<input type="checkbox"/> Industrial Business
Description of the Business:		
Primary Occupancy type: <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Factory-Industrial <input type="checkbox"/> High-Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Utility and Miscellaneous		
Additional occupancy types included in business if not one specific type above (please list):		
<input type="checkbox"/> New construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy		
Construction type: <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Ordinary <input type="checkbox"/> Heavy timber <input type="checkbox"/> Light weight wood frame		
Sprinkler system present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full protection <input type="checkbox"/> Partial protection		
Standpipe system present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Basement present: <input type="checkbox"/> Yes <input type="checkbox"/> No Mezzanine present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Building height: _____ Building area (square ft.): _____ Number of stories: _____		
Occupant load: _____ Number of exits provided: _____		
Life safety systems provided: <input type="checkbox"/> Emergency lighting <input type="checkbox"/> Exit signs <input type="checkbox"/> Fire alarm system <input type="checkbox"/> Smoke detection systems <input type="checkbox"/> Exit door panic hardware <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire extinguisher rating: _____ A _____ BC		
Plumbing fixtures: Number of mens restrooms _____ Number of womens restrooms _____ Number of family restrooms _____ Number of men's restroom toilets _____ Number of men's restroom urinals _____ Number of women's restroom toilets _____ Number of family restroom toilets _____ Number of drinking fountains _____ ADA accessible facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accessible parking spaces: _____ Parking lot sq. ft. _____ Number of parking spaces _____ Number of accessible spaces _____		
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 _____
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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.