

# Certificate of Occupancy Application

**Application Fee of \$25.00  
Is Due At Time of Submittal**

City of Thornton  
9500 Civic Center Drive  
Thornton, Colorado 80229  
E-Mail: [buildings@cityofthornton.net](mailto:buildings@cityofthornton.net)  
Phone: (303) 538-7250

Failure to complete this 3-page form in its entirety may result in the rejection of your application.

**Important Information: Please Read and Check the Appropriate Box Below:  
(Check all that apply)**

- Change of ownership of a building
- Change of ownership of a business
- Change in the business name
- Change of use in the building

Street Address of Building: \_\_\_\_\_ Unit # \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Contact Name (Please Print): \_\_\_\_\_

Local Contact e-mail address: \_\_\_\_\_

Local Contact Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Opening Date: \_\_\_\_\_

Will there be any changes to the floor plan of the building?      Circle one      Yes      No

Will there be any changes to the electrical system?      Circle one      Yes      No

Will there be any changes to the plumbing system?      Circle one      Yes      No

Will there be any changes to the heating or cooling system?      Circle one      Yes      No

Is the building equipped with a fire sprinkler system?      Circle one      Yes      No

Is the building equipped with a fire alarm system?      Circle one      Yes      No

Will there be any changes to the fire sprinkler or alarm system?      Circle one      Yes      No

What is the principle use of the space you will occupy? \_\_\_\_\_

What was the previous use of the space you will occupy? \_\_\_\_\_

**PLEASE NOTE: A final building inspection is required to be approved before a CO is issued. Please call 303-538-7250 if you have any questions about this form or your inspection.**

**FOR OFFICE USE ONLY**

Use Group: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Tenant Improvement Required:    Yes    No      Fee Refund: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Business CO Floor Plan**

**Please note:**

If this is a multi-tenant building please attach a building layout (map) showing the spaces contained in the building. This may be obtained from the property management company.



Depth  
\_\_\_ Feet \_\_\_ Inches

Width  
\_\_\_ Feet \_\_\_ Inches

**Instructions:**

1. Measure the width and depth of the space you will be occupying and place the measurements in the appropriate boxes above.
2. Draw in the location of all interior partition walls.
3. Draw in the location and size of all exit doors.
4. Label each room with its use.
5. Draw in the restrooms

**I hereby attest that the statements made in this application are true to the best of my knowledge and that I am the owner or legal representative of the owner of the proposed business**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Building Address: \_\_\_\_\_ Business Name: \_\_\_\_\_



# CITY OF THORNTON ZONING

## COMMERCIAL OCCUPATION LICENSE QUESTIONNAIRE

**(Please Print)**

Business Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

### PLEASE ANSWER ALL QUESTIONS

1. Describe the type of business \_\_\_\_\_

Will there be any outdoor storage or display associated with the business? \_\_\_\_\_

If yes, explain \_\_\_\_\_

2. Is this business a new use for this location? \_\_\_\_\_

If yes, what was the previous use? \_\_\_\_\_

3. If the activity is a restaurant, what is the total seating capacity? \_\_\_\_\_

4. How many parking spaces are currently provided for your use? \_\_\_\_\_

5. Will the business be an adult amusement establishment, adult book store, adult photo studio, or an adult theater? \_\_\_\_\_

6. All wall signs and most freestanding signs require a building permit; this includes replacing sign copy, installing new signs, placing banners, or other temporary signs. Identify the size and location of all signs that will be on the property. (Use back if needed).

\_\_\_\_\_

7. Will there be any changes to the landscaping, parking lot or outside portion of the building? (Explain)

\_\_\_\_\_

\_\_\_\_\_

I understand that the continued permission of this license is dependent upon me abiding by all regulations of the Municipal Code of the City of Thornton. The information stated above is to the best of my knowledge true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

ZONE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

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

\_\_\_\_\_

APPROVED/DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_