



**FILL OUT THIS FORM IF YOU ARE APPLYING IN PERSON**  
**OTHERWISE, COMPLETE THE ONLINE APPLICATION AT**  
**MYPERMITNOW.ORG**

**TPCG CHANGE OF OCCUPANCY / CERTIFICATE OF OCCUPANCY CHECK LIST**

Applicant name: \_\_\_\_\_ Business name: \_\_\_\_\_

Applicant phone: \_\_\_\_\_ Applicant email: \_\_\_\_\_

Project address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

**Applicable Building Codes:**

IBC	2021 International Building Code
IPC	2021 International Plumbing Code
IMC	2021 International Mechanical Code
IEBC	2021 International Existing Building Code
NEC	2020 National Electrical Code

**NOTE: If renovations/alterations are proposed that involve new construction, repairs or relocation of any walls, doors, windows, roof coverings, electrical, mechanical or plumbing, a commercial renovation permit is required.**

**The following information needs to be provided for all Change of Occupancy and/or Certificate of Occupancy permits (do not leave anything blank, mark N/A for Not Applicable if appropriate):**

**Building and Planning information:** *(Provide the following if not already indicated within any drawings that may have been provided)*

\_\_\_\_ Gross Area of Leased Space *(approximate square footage of the owned/leased total space)* \_\_\_\_\_

If office/warehouse combined:

Total sq. footage of office space \_\_\_\_\_ Total sq. footage of warehouse \_\_\_\_\_

\_\_\_\_ Gross Building Area *(IF KNOWN please provide approximate square footage of total building area including areas not owned/leased)* \_\_\_\_\_

\_\_\_\_ Number of Existing Parking Spaces *(provide brief description of number of off-street parking stalls assigned to space and if any are to be added)* \_\_\_\_\_

\_\_\_\_ Previous Occupancy Use *(Please provide to the best of your knowledge a brief description of previous building use, i.e. office, office/warehouse, repair shop, etc... and/or type of previous business activities)* \_\_\_\_\_

\_\_\_\_ Proposed Occupancy Use (*Provide brief description for new use of building i.e. office, hair salon, restaurant, automotive shop, retail, storage, water processing, etc.*) \_\_\_\_\_

\_\_\_\_ Will the proposed use of the structure involve **waste** as defined by Chapter 11 of the Terrebonne Parish Code of Ordinances? \_\_\_\_\_

\_\_\_\_ If so, will the waste(s) be generated, disposed, collected, transported, and/or stored at the facility? \_\_\_\_\_

\_\_\_\_ If so, what type of waste(s) will be involved **and** how will the waste be generated? \_\_\_\_\_

\_\_\_\_ Do you possess or require an EPA Hazardous Waste ID number? \_\_\_\_\_. If so, please provide your EPA Hazardous Waste ID Number \_\_\_\_\_.

\_\_\_\_ Please list all Federal/State permits received/applied for regarding hazardous waste, NORM, waste, etc:

\_\_\_\_ Number of Existing Restrooms \_\_\_\_\_; Number and type of fixtures in each if more than one set in each restroom \_\_\_\_\_

\_\_\_\_ Number of Existing Drinking Fountains (if provided) \_\_\_\_\_

\_\_\_\_ Existing Building Type Construction: (*Provide brief description of existing building type construction, i.e. wood framing and/or metal/steel, masonry, etc., or combination thereof*) \_\_\_\_\_

\_\_\_\_ Storage areas / Occupancy: (*Provide brief description of types of items to be stored*) \_\_\_\_\_

\_\_\_\_ Floor Plan (*Please provide if available at time of application*). NOTE: Although a floor plan will NOT always be required (i.e. office use to office use or retail to retail etc. –same use), depending on the previous and new occupancy use, one may be required. In order to reduce review and approval time we recommend providing one if already available.

\_\_\_\_ Utilities are: (*Please circle*)      ON      OFF

**Renovations:** (*The following information is required if applicable; see note **in bold** at beginning of this check list*)

\_\_\_\_ Scope of work: (*Provide brief description of renovations to be done.*)