



# CO

## Certificate of Occupancy

**BUILDING and NEIGHBORHOOD SERVICES**  
615-794-7012 Office      615-591-9066 Fax

### OCCUPANT / TENANT INFORMATION

Occupant / Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

\*The occupant / tenant address will not be the address of the Property, unless this is the only location for this business. If there is a corporate office occupant / tenant, that address will be the official address listed on the CO.

### PROPERTY OWNER INFORMATION

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

Property Owner Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

### PROPERTY ADDRESS

Property Address: \_\_\_\_\_

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

### PROVIDE THE INFORMATION BELOW

Zoning Use Type (ZO Table 3-2): \_\_\_\_\_

Base Zoning District/Character Area/Overlay: \_\_\_\_\_

IBC Occupancy Type: \_\_\_\_\_ Max. Occupant Load: \_\_\_\_\_

IBC Construction Type: \_\_\_\_\_ Life Safety Code Class.: \_\_\_\_\_

Does the property have a Sprinkler System:  Yes  No

Was the Sprinkler System required:  Yes  No

*Narrative of Scope of Work*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Applications can be emailed to [cofpermitapp@franklintn.gov](mailto:cofpermitapp@franklintn.gov). Incorrect or incomplete information may result in permit revocation.

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