



102 W. 7<sup>th</sup> St. • P.O. Box 1629 • (620) 252-6100  
 Coffeyville, Kansas 67337-0949  
 www.coffeyville.com

# Application for Occupancy Certificate

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

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

Federal Tax ID No: \_\_\_\_\_ State Tax ID No: \_\_\_\_\_

Type of Business to be Conducted on Property: \_\_\_\_\_

Owner of Property if different than applicant: \_\_\_\_\_

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

\_\_\_\_\_

City State ZIP Code

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

## For Office Use Only

Present Zoning Classification: \_\_\_\_\_ Required Zoning Classification: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: YES  NO

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: YES  NO

Building Permit Required? \_\_\_\_\_ Temporary Utilities: 30 Days 60 Days 90 Days

Certificate of Occupancy Fee **\$5.00** Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

**Coffeyville Police Department:**

**Business Information & Emergency Contact Form**

Name of Store or Business \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax : \_\_\_\_\_

Email for Manager/Owner: \_\_\_\_\_

Please List all employees or contact personnel who have a key to the business in order of who we are to call in case of an emergency or after hour contact

1<sup>st</sup> Call: \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Call: \_\_\_\_\_ Phone \_\_\_\_\_

3<sup>rd</sup> Call: \_\_\_\_\_ Phone \_\_\_\_\_

4<sup>th</sup> Call: \_\_\_\_\_ Phone \_\_\_\_\_

5<sup>th</sup> Call: \_\_\_\_\_ Phone \_\_\_\_\_

6<sup>th</sup> Call: \_\_\_\_\_ Phone \_\_\_\_\_

Does the Business have an alarm system? \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

If so, is it monitored thru an alarm company? \_\_\_\_\_

Are there any light left ON inside the business? \_\_\_\_\_ Outside? \_\_\_\_\_

Please list anything below that may be important for us to know about your business: (Example: Animals on premises, Firearms, Flammable or Hazardous materials inside, etc.)

Once Completed, Please return this form to the Police Department one of the following ways:

- Fax it to the Coffeyville Police Department @ 620.252.6116
- Mail it to P.O Box 1629, Coffeyville, KS 67337 (Attn: Police Department)
- Drop off in person to dispatch located @ 1206 West 11<sup>th</sup> Street

\*\*\*Remember to keep your contact sheet updated if any employees, contacts, or phone numbers change throughout the year. You can get a new contact sheet 24/7 by request by calling the CPD non-emergency line (620) 252-6160 or online @ [www.coffyville.com](http://www.coffyville.com)