



City of Sand Springs, Oklahoma
 Neighborhood Services Department
 100 E. Broadway St. / P.O. Box 338 – Sand Springs OK 74063
 Phone: 918-246-2572
neighborhoodservices@sandsspringsok.org

CERTIFICATE OF OCCUPANCY APPLICATION

Business Name: _____

Street Address: _____

Mailing Address: _____

Type of Business: _____

Owner/Contact: _____ **Phone:** _____

SSN: _____ **Fed. Tax ID:** _____

New Business

Change in Use/Occupancy

Anticipated Occupancy Date: _____

Applicant understands that a Certificate of Occupancy shall be issued prior to opening a business. The applicant shall assure the building meets all building, trade and fire code requirements adopted by the State of Oklahoma and the City of Sand Springs prior to occupancy. City Code 15.04.050)

Applicant's Signature: _____

A \$200 Fee Is Due When Submitting This Application

 (office use only)

_____	_____	_____
Planning	Date Received	Date Approved

_____	_____	_____
Inspections	Date Received	Date Approved

_____	_____	_____
Fire Marshal	Date Received	Date Approved

_____	_____	_____
Environmental Compliance	Date Received	Date Approved

Notes: _____
