

Metropolitan *Planning Commission*
Shreveport | Caddo Parish

Unified Development Code Certificate of Occupancy

Application and Review Packet for the Caddo Parish UDC



Zoning Enforcement
505 Travis Street, Suite 440
Shreveport, LA 71101 | phone 318-673-6440

www.shreveportcaddompc.com



CERTIFICATE OF OCCUPANCY APPLICATION

Please return form to:
Permit Center (Zoning Desk)
1st Floor, Government Plaza, Suite 130
505 Travis Street
Shreveport, LA 71101

DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY

Date: _____ Application Number: _____ Property Zoned: _____

Fees:

- \$75 (Home Occupation) \$75 (Group Home)

*Note: If this property has been occupied without a valid Certificate of Occupancy by the applicant, **ALL FEES WILL DOUBLE.***

CERTIFICATE OF OCCUPANCY REQUEST

- | | | |
|---|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Courtesy Inspection |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Outside City Limits (Parish Address) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Other (Please specify) _____ | | |

PROPERTY INFORMATION

Name of Applicant: _____

Address or Description of Property: _____

Type of Business: _____ Square Footage of Building or Suite: _____

Owner of Business (if different than applicant): _____

Company Name / Name of Occupant: _____

Mailing Address (mailing address must be given if business location is in a mall, an itinerant vendor or temporary certificate of occupant i.e. firework sales):

Telephone Number: _____

Date Inspections are Requested (Inspections are done 8:00AM to 12:00 Noon, occupant must be at location or have building open during these hours):

Remarks: _____

STATEMENT OF UNDERSTANDING

This is to certify that I have been advised that in order to occupy any building, that I/We are required to obtain a Certificate of Occupancy for the structure located at _____ . I / We further understand that in order to obtain this certificate, the structure in question must be in full compliance with City of Shreveport building and fire codes, zoning requirements and when necessary the Caddo Parish Health requirements. Failure to comply with these requirements will prevent the City of Shreveport from approving any utility connections and prevent the MPC from issuing the Certificate of Occupancy.

Signature of Applicant

Date

NOTE: If you have not received your Certificate of Occupancy within a week of the inspection, please call (318) 673-6440 or (318) 673-6442



CERTIFICATE OF OCCUPANCY APPLICATION

| TO BE COMPLETED BY ZONING ENFORCEMENT STAFF | | | |
|--|--------------------------|--------------------------|--------------------------|
| Date: _____ Applicant Name: _____ Application Number: _____ | | | |
| <input type="checkbox"/> Temporary Certificate of Occupancy <input type="checkbox"/> Permanent Certificate of Occupancy | | | |
| GENERAL STANDARDS | YES | NO | N/A |
| 1. Is C/O application complete? <i>(If no, what is missing?)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have all required application fees been submitted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any ordinance violations associated with this property? <i>(If yes, what are the violations?)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was there any special approval(s) attached to this address? <i>(If yes, attach staff report to C/O application?)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is site plan attached to C/O application? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any stipulations associated to the site plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If applicable, have the stipulations for the site plan been met? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In case of alcohol use, has a measurement been completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has final inspection date been established? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. When is the inspection date? | Date: _____ | | |
| 11. Has all inspection's (fire, plumbing, engineering, etc.) been signed off? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reviewed by <i>(Name and Title)</i> : | Date: _____ | | |