

# Metropolitan **Planning** Commission

City of Shreveport | Caddo Parish

# Unified Development Code Certificate of Occupancy

Application and Review Packet  
(Revised August.24.2020)



**CITY OF SHREVEPORT**  
UNIFIED DEVELOPMENT CODE

## Zoning Enforcement Department

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

[www.shreveportcaddompc.com](http://www.shreveportcaddompc.com)



**Zoning Enforcement**

505 Travis Street | Suite 440 | Shreveport, LA | 71101  
phone 318-673-6440 | fax 318-673-6454

**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: \_\_\_\_\_

**1. FEES**

- \$75 (Home Occupation)     \$75 (Group Home)     \$125 (Inside City Limits)

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

**2. CERTIFICATE OF OCCUPANCY REQUEST**

- New Construction     Alcohol     Courtesy Inspection  
 New Business     Outside City Limits (Parish Address)     Ownership Change  
 Temporary Pop-Up Use     Other (Please specify) \_\_\_\_\_

**3. 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: \_\_\_\_\_  
 \_\_\_\_\_

**4. 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**

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**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?	<b>Date:</b> _____		
11. Has all inspection's (fire, plumbing, engineering, etc.) been signed off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewed by (Name and Title):</b> _____	<b>Date:</b> _____		