

**BUSINESS OCCUPANCY CERTIFICATE
PLAQUEMINES PARISH GOVERNMENT
PLANNING & ZONING DEPARTMENT**

CERTIFICATE NUMBER _____

DATE _____ FEE \$50.00 RECEIPT NUMBER _____

COUNCIL DISTRICT _____ TECH _____ ZONING DISTRICT _____

BUSINESS NAME _____

BUSINESS OWNER _____

ADDRESS _____

PHONE NUMBER: OFFICE _____ CELL _____

TYPE OF BUSINESS: RESIDENTIAL _____ COMMERCIAL _____
INDUSTRIAL _____ OTHER _____

PROPERTY OWNER _____

PROJECT SITE _____

DIRECTIONS TO SITE _____

EXISTING BUILDING _____ VACANT LAND _____

DOES YOUR BUSINESS DO PAINTING OR SANDBLASTING? YES _____ NO _____

DOES YOUR BUSINESS HANDLE HAZARDOUS MATERIALS? YES _____ NO _____

SPECIFIC USE/ BUSINESS ACTIVITY (IN DETAIL) _____

_____	_____	_____
ZONING ADMINISTRATOR	DATE	BUSINESS OWNER OR AGENT
		Emergency Contact:

		Phone # _____
		Cell # _____
		E-Mail _____

I certify that the information supplied for this certificate is true and accurate to the best of my knowledge. The above signed applicant acknowledges that this certificate does not authorize any construction, remodeling or build-out of above mentioned property. Any improvements to building or property will require a separate building permit approved by the Plaquemines Parish Permit Office. No inspection has been made to this property; therefore this certificate does not imply any special knowledge to the structural integrity, safety hazards or code related issues that may exist at the above described property. This certificate does not attest to the suitability of the present structures to accommodate the proposed business use. Applicant also acknowledges that this certificate is not transferable, and **any change in business ownership or business use will require a new certificate.**

PLEASE NOTE: THIS FORM DOES NOT REPLACE AND IS NOT INTENDED TO BE USED AS YOUR OCCUPATIONAL LICENSE.