



Building Department Questionnaires:

Project Address: _____

New Business Name: _____

Are you making any changes to the Building Exterior (new exterior door, window, façade, sign, etc.)?
() YES () NO

Are you making any changes to the Building Interior (demo walls, relocating walls, remove ceiling, removing doors, etc.)? () YES () NO

Are you adding or installing a sales counter that is affiliated with your proposed business? () Yes () No

Are you installing new racking/shelving > 5'9" tall? () Yes () NO

Are you making any changes to the **Electrical** system (new lighting, receptacle, etc.)? () YES () NO

Are you making any changes to the **Mechanical** system (new AC, Roof TOP UNITS, etc.)? () YES () NO

Are you making any changes to the **Plumbing** system (new bathroom, adding toilets and sink, relocating toilet sinks, etc.)? () YES () NO

Existing Use: _____

New USE:

Applicant's Name: _____ () Owner () Tenant () others _____

Applicant's Contact: _____

Applicant's Signature: _____ Date: _____

Provide a sketch or floor plan of the tenant space. Show existing condition and proposed condition. Include new furniture layout.