DEVELOPMENT SERVICES
Building Inspections, 6101 Frisco Square Blvd, 3rd Floor, Frisco, Texas 75034 Main (972) 292-5301 Fax (972) 292-5313 email: bicsr@friscotexas.gov

# MAXIMUM OCCUPANCY DETERMINATION

An incomplete application may delay the review process or cause denial of the application.

| | |
|---|---|
| Business name | |
| D/B/A (if applicable) | |
| Business address (include suite no.) | |
| Nature of Business | |

| | | |
|---|---|---|
| APPLICANT NAME & ADDRESS | | EMAIL:<br>TELEPHONE: |
| BUSINESS OWNER NAME & ADDRESS | | EMAIL:<br>TELEPHONE: |

This form is to assist the City in a determination of the maximum occupant load of your business where there are missing records. You may also appeal a previous record or determination by providing information for reevaluation based on the currently adopted building codes. Please complete all the necessary building area information below and submit to the email address above.

| FUNCTION OF SPACE | SQFT | FUNCTION OF SPACE | SQFT |
|---|---|---|---|
| Accessory storage area, equipment room | | **Institutional areas** | |
| Agricultural building | | Inpatient treatment areas ..... | |
| Assembly - Exhibit gallery and museum | | Outpatient areas ..... | |
| Assembly with fixed seats ..... | | Sleeping areas ..... | |
| **Assembly without fixed seats** | | Kitchens, commercial | |
| Concentrated (chairs only—not fixed) ..... | | Locker rooms | |
| Standing space ..... | | Mall buildings - covered and open | |
| Unconcentrated (tables and chairs) ..... | | Mercantile ..... | |
| Bowling centers | | Storage, stock, shipping areas ..... | |
| Business areas ..... | | Parking garages | |
| Concentrated business use areas ..... | | Residential | |
| Day care | | Skating rinks, swimming pools ..... | |
| **Educational** | | Decks ..... | |
| Classroom area ..... | | Stages and platforms | |
| Shops and other vocational room areas ..... | | Warehouses | |
| Exercise rooms ..... | | **TOTAL OCCUPANCY AREA** | |
| Industrial areas ..... | | | |

☐ I hereby verify all sections of this application are completely filled out and accurate.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S PRINTED NAME _____ TELEPHONE _____ CELL _____ FAX _____