



# 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:	
		TELEPHONE:	
BUSINESS OWNER NAME & ADDRESS		EMAIL:	
		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		<b>Institutional areas</b>		
Agricultural building			Inpatient treatment areas .....	
Assembly - Exhibit gallery and museum			Outpatient areas .....	
Assembly with fixed seats .....			Sleeping areas.....	
<b>Assembly without fixed seats</b>		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 .....		
<b>Educational</b>		Decks .....		
Classroom area .....		Stages and platforms		
Shops and other vocational room areas.....		Warehouses		
Exercise rooms .....		<b>TOTAL OCCUPANCY AREA</b>		
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