



Office Use Only:
Certificate #: _____
Date: _____

Email to: PERMITS@CITYOFMILTONGA.US

Contact Phone 678-242-2500

Application for Commercial Certificate of Occupancy

Part 1. Business Location Information		Part 2. Business Owner Information		
Name of Business, DBA: _____		Name of Business Owner: _____		
Business Street Address: _____		Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Owner Street Address: _____
Contact Person: _____		Suite #: _____		Driver's License #: _____
Phone: _____		City/ State/ Zip Code: _____		State: _____
Email: _____		Phone of Owner: _____		
Cell: _____				
Part 3. Description of Occupancy/Activity				
A. Type of CO (Check all that Apply) <input type="checkbox"/> Home Based Business (Complete application on reverse side) <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Name/Business name <input type="checkbox"/> New occupancy or Change of Use <input type="checkbox"/> Assembly Occupancy: Proposed Occ. Load _____ <input type="checkbox"/> Apartments How many buildings _____ Units _____		B. Use Information Business hours _____ Number of employees _____ Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled or stored on site? <input type="checkbox"/> Yes <input type="checkbox"/> No Will flammable or combustible liquids be stored, used, mixed or dispensed at this location, other than for maintenance or for operation of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Will any sign be erected/changed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Permitting required if so)		
Total Occupied Area: _____ Square Feet		Fire Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Building Area: _____ Square Feet		<input type="checkbox"/> New Construction <input type="checkbox"/> Previously Occupied <input type="checkbox"/> Renovation		
Please describe the type of Business/ Activities the building or space will be used for (be specific):				
_____ _____ _____				
<p>I HEREBY CERTIFY THAT I AM THE BUSINESS OWNER OR AN AUTHORIZED AGENT OF THE BUSINESS OWNER AND HAVE THE BUSINESS OWNER'S CONSENT TO REPRESENT THE BUSINESS AND THE INFORMATION PROVIDED WITHIN THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED INFORMATION MAY LEAD TO THE REVOCATION OF THE CERTIFICATION OF OCCUPANCY AND/OR OTHER REMEDIES AS MAY BE PROVIDED BY LAW.</p>				
Applicant Signature: _____		Date: _____		
.....Office Use Only.....				
Planning/Zoning Approval: _____		Date: _____		Finance: _____
Building Official Approved: _____		Date: _____		Fire Marshal Approved: _____
Occupancy Type: _____		Construction Type: _____		Occupant Load: _____

Supplemental Home Based Business Application/Checklist

Certain Home Based Businesses or Home Occupations are allowed within a dwelling or accessory building. There are special regulations governing home occupations. The term "home occupation" does not include restaurants, veterinarian offices, medical, dental, or chiropractic offices, or offices of similar health-related professions. Please fill out the checklist below to determine if your home based business is allowed.

Is this business carried on entirely within and clearly incidental to the dwelling at the above address? Yes No

Will you stock or store trade goods or commodities on the premises? Yes No

Will more than 25 percent of the total floor area of the main dwelling be used for this business? Yes No

Is any mechanical equipment used which is not normally used for domestic, or household purposes? Yes No

Please describe the business activity:

A home occupation is permitted as an accessory use of a dwelling unit in any zoning district and its operation and employees are limited to members of the resident family only. The following are limitations on home based occupations and hereby acknowledged by the applicant:

- The smaller of 25 percent or 750 square feet of the gross floor area of a dwelling unit may be used for activities devoted to the home occupation.
- Resident participants in a home occupation must have the appropriate occupational licensing, including business licenses.
- No home occupation shall generate traffic, sound, smell, vibration, light, or dust that is offensive.
- No more than two clients or patrons are allowed on the premises at the same time in conjunction with the home occupation (except for persons in care at a family day care home, where no more than six clients are allowed).
- Vehicles kept on site in association with the home occupation shall be used by residents only.
- The transporting of goods by truck is prohibited. Incoming vehicles related to the home occupation shall be parked off-street within the confines of the residential driveway or other on-site permitted parking.
- Home occupations must exclude the use of instruments, machinery or equipment that emit sounds (i.e., musical instruments, sewing machines, saws) that are detectable beyond the unit.
- Family day care homes are prohibited within multifamily dwelling units.
- Family day care homes shall provide outdoor play areas as required by state law, but such areas shall be limited to side or rear yards outside the minimum yard area, and shall not occupy any yard adjoining a street.
- Family day care homes shall be located at least 1,000 feet in all directions from any other such use operated as a home occupation.
- Family day care home hours of operation shall be limited to Monday through Saturday from 6:00 a.m. to 7:00 p.m.
- Family day care home operators shall have a current, certified copy of the operator's state family day care home registration which shall be filed with the business license application and renewals.
- No home occupation shall be operated so as to create or cause a nuisance.

Please Sign and Date the front page of this document certifying the content of this application.