



Denise Fontenot, Director of Municipal Services

City of Sulphur  
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Mike Danahay, Mayor

## CERTIFICATE OF OCCUPANCY APPLICATION

Name of Business\_\_\_\_\_

Owner of Business\_\_\_\_\_

Business Location\_\_\_\_\_

Mailing Address\_\_\_\_\_

Contact Telephone #\_\_\_\_\_ Business #\_\_\_\_\_

Owner/Lessor of Property\_\_\_\_\_

Address of Property Owner/Lessor\_\_\_\_\_

Description of Business activity or service \_\_\_\_\_

\_\_\_\_\_

City Water/Sewer service account name\_\_\_\_\_

I, the undersigned, hereby apply for a Certificate of Occupancy and acknowledge my understanding that no building or structure can be occupied until it has been issued a Certificate of Occupancy. I also understand that a Certificate of Occupancy is only valid when the property is used consistent with the use indicated on the application. I affirm that the information given on this application is true and correct.

Signature of Applicant\_\_\_\_\_ Title\_\_\_\_\_

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### **Office Use Only**

No Inspection required\_\_\_\_\_ Occupancy Type\_\_\_\_\_

City Official\_\_\_\_\_

### **Building Approval**

### **Date**

Building Inspector\_\_\_\_\_

Fire Inspector\_\_\_\_\_

Revised 3/17/17

FAITH



FAMILY



COMMUNITY

Revised 4/22/2020