

**CITY OF JASPER  
FIRE DEPARTMENT  
OFFICE OF THE FIRE MARSHALL**  
200 Burnt Mountain Road  
Jasper, GA 30143



**Ian Norton, Fire Marshall**  
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**TENANT OCCUPANCY CHANGE**

A Tenant Occupancy Change Inspection will need to be conducted to ensure the proposed business meets all building and fire safety codes and meets all requirements of current zoning. The Inspectors may discover code violations that will need to be corrected. You may be required to submit plans and obtain a building permit to correct some violations. Any new tenant that moves into a commercial space or takes over a commercial business is required to obtain a Certificate of Occupancy and/or Business License. Certificate of Occupancy and Business License will not be issued until code requirements are met.

<b>Property Address</b>		<b>Suite #</b>	
<b>City</b>	<b>Zip Code</b>	<b>Zoning</b>	
<b>Prior Business Name at Above Address</b>			
<b>Proposed Business Name</b>			
<b>Proposed Business Type:</b> Assembly____ Ambulatory Health____ Business/Office____ College____ Daycare____ Education____ Hospital____ Industrial____ Institution____ Mercantile/Retail____ Nursing Home____ Personal Care____ Storage____			
<b>Business Owners Name</b>		<b>Business Phone</b>	
<b>Email</b>		<b>Cell Phone</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Property Owners Name</b>		<b>Phone</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

I hereby certify that I have read and examined this application and know the same to be true and correct, I understand that any changes to the structure, exits, signage, miscellaneous plumbing, electrical connections, equipment or HVAC system requires a commercial permit and/or plan review with the associated inspections and fees. This application is only valid for change in tenant where there are no changes in the type of occupancy or use of the building or areas within the building.

I \_\_\_\_\_ attest, to the best of my knowledge, all of the above information is true.  
(Business Owners Signature)

Date: \_\_\_\_\_

F.M.O. Approved____ Rejected____
By: _____ Date: _____
Comments: _____ _____