

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

**FEE: \$75.00**



**CERTIFICATE OF OCCUPANCY APPLICATION**  
(ZONING COMPLIANCE VERIFICATION)

1. Property Location (Address): \_\_\_\_\_

2. Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Firm Name or Name of Occupant: \_\_\_\_\_

5. Applicant/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Zoning Classification: \_\_\_\_\_ Census Tract: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

7. New Construction:  Residential  Commercial  Industrial  Public/Quasi-public

8. Setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Side Corner: \_\_\_\_\_ Rear: \_\_\_\_\_ Height: \_\_\_\_\_

9. Square footage: Total: \_\_\_\_\_ Heated: \_\_\_\_\_

10. Addition:  Yes  No Square Footage \_\_\_\_\_

11. Accessory Structure  Yes  No Square Footage \_\_\_\_\_  
 Attached  Detached

12. New Business  Changing location, ownership, name (circle one)  Adding use  Electricity only

Status of Applicant: \_\_\_\_\_  
(Owner, renter, potential owner, contractor, etc.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

WILL THE BUILDING BE OPEN FOR INSPECTION? \_\_\_\_\_ YES \_\_\_\_\_ NO

♣ City of Monroe Planning and Zoning Division  
♣ P.O. Box 123 Monroe, LA 71210/3901 Jackson Street, Monroe, LA 71202  
♣ Office: 318-329-2430  
♣ Fax: 318-329-2845  
Email form to [Roshandra.Taylor@ci.monroe.la.us](mailto:Roshandra.Taylor@ci.monroe.la.us)

