



Town Clerk Department
Town of Prescott Valley
7501 Skoog Blvd
Prescott Valley AZ 86314
928.759.3135
Fax 928.759.5536
clerk@pvaz.net www.pvaz.net

COMMERCIAL OCCUPANCY PERMIT APPLICATION
TO ACCOMPANY COMMERCIAL BUSINESS LICENSE APPLICATION FORM

Instructions:	[1] Please print or type
	[2] Attach 8 1/2 X 11 site plan (Required)

Business Name: _____

Applicant's Name: _____ Phone # (B): _____

Business (physical) Address: _____ Phone # (alt): _____

City: _____ State: _____ Zip: _____

Building Owner's Name: _____ Phone # (B) _____

Building Owner's Address: _____ Phone # (alt): _____

City: _____ State: _____ Zip: _____

What business is currently, or has most recently, occupied this business site? _____

If applicable, what other businesses are located in this building or on this site? _____

of employees: _____ Sq. Ft. of general floor area: _____ Sq. Ft. of public floor area: _____

of parking spaces: _____ Paved: Yes No

All commercial occupants are required to meet the minimum ADA Handicapped parking requirements per Town code Article 13-24-020.H 3 indicating all spaces are to be clearly marked on the ground and a sign shall be located directly in front of the parking space. (Required)

of ADA Handicapped parking spaces _____

of wall mounted business signs: _____ # of free standing signs: _____

Is this site landscaped? Yes No

Outdoor Lighting? Yes No How many? _____

Do you intend to do any internal/external improvements to the building(s)? Yes No

Please describe type. (Ex: plumbing, sink, electrical, partitions, etc.): _____

Note: Improvements must be permitted and inspected PRIOR to occupancy.

APPLICATION FOR CHANGE IN USE OR OCCUPANCY OF BUILDING

PLEASE NOTE: This page to be completed and signed by Town of Prescott Valley officials.

Business License Application #: _____

Unit: _____ Lot: _____ Parcel #: _____ Zoning Dist.: _____

Building Dept. Inspection Performed by: _____ Date: _____

Present Occupancy Group: _____ Proposed Occupancy: _____

Existing Construction Type: _____

Number of Stories: _____

Number of existing rest room facilities: _____ Handicapped: _____

Electrical Service Size: _____ Amps or subpanel: _____

Building Dept. requirements or comments: _____

Date: _____ **Building Inspector Signature:** _____

Zoning requirements or comments: _____

Date: _____ **Zoning Inspector Signature:** _____

Business Information

1. Normal operating schedule: hours/day _____ days/week _____

2. Will this facility use ?(check appropriate):

- Floor drains Silver recovery systems Lint traps
 Oil/water separators Sand Interceptors Other

3. Do you or will you store or use chemicals on site in excess of normal household quantities?
 YES NO

4. Do you or will you store or use petroleum or non-petroleum oils or greases in your business?
 YES NO

5. Do you or will you discharge any wastewater (other than domestic wastes from toilets, showers, etc.) to the sewer system? YES NO

6. If applicable, describe any on-site pretreatment facilities or practices used to remove pollutants from wastewater prior to discharge to the sewer system (attach a separate sheet if needed):

Statement of Certification

I certify that the information contained in this application is true and complete to the best of my knowledge.

Name (Printed): _____ Date: _____

Signature: _____

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To Whom It May Concern:

In order to better serve you in the event of an emergency we have included a business identification card below. Please take a few minutes of your time to complete the attached form for us so we will know how to contact you or a designated representative of your business in case of an emergency. The information provided will be kept confidential by the police department unless you advise otherwise.

If you have any changes to this in the future please contact:

The Town Clerk's Office at 928.759.3135 or email: clerk@pvaz.net

**Prescott Valley Police Department
Business Identification Card**

Name of Business	_____
Business Street Address	_____
Business phone number	_____
Alarm Company name	_____
Alarm Co. phone number	_____
Responsible party	_____
Phone number	_____
Responsible party	_____
Phone number	_____