

**PROCEDURE FOR BUSINESS LICENSE APPLICANT
TO OBTAIN A CERTIFICATE OF OCCUPANCY**

- Complete application process at City of Lebanon Business Tax Office (1st Floor, City Hall).
- Proceed to the Planning Office (3rd Floor, City Hall) to verify the business is appropriate for the property zoning and if a site plan is needed.
- Proceed to the Building Inspection Office (Same floor as Planning Office) to begin permit and inspection process to obtain a Certificate of Occupancy. Building Inspection personnel will coordinate an inspection with the Applicant and other appropriate City officials.

Applicable inspections involving life safety, building codes, cross connection and fats/oils/grease prevention are required to obtain a Certificate of Occupancy.

The following, at a minimum, will be inspected:

- Emergency lighting and exit sign must be provided above each door (must be hardwired into electrical system). Additional emergency lighting may be required if determined during the onsite inspection.
- Fire extinguishers must be mounted, accessible and visible.
- ANSIL hood must be tested and approved if required.
- Public restrooms must be handicap accessible including grab bars and scald guards.
- Handicap ramp may be required.
- If connected to City of Lebanon water, an approved backflow prevention device must be installed on the water service(s). Any device must be inspected and tested. Contact Tim Martin (444-0825, ext. 106) with questions.
- For restaurants and other applicable food service facilities, the City Fats/Oils/Grease Inspector must inspect and approve the facility. Contact Josh Creswell (444-2304) with questions.

If a re-inspection must be performed a \$25.00 fee will be charged.

Upon satisfaction of the applicable requirements by the Applicant, a Certificate of Occupancy will be issued. If the building is occupied prior to obtaining a Certificate of Occupancy, you will be subject to the following actions:

- Citation to appear in City Court for violation of Section 110.1, Use and Occupancy, 2003 International Building Code.
- Disconnection of water service to the facility for violation of Cross Connection Ordinance 07-3248.
- Fine(s) for violation of City Fats/Oils/Grease Prevention regulations and Title 18 of the Lebanon City Code.



CITY OF LEBANON

PHILIP CRAIGHEAD, Mayor

Business Tax Department
200 North Castle Heights Avenue
Suite 124
Lebanon, TN 37087
Phone: (615) 444-4905
Fax: (615) 443-7158

There are certain Life Safety and Building Code Requirements that must be met and approved by the City of Lebanon Building Inspector before a business can open at a requested location. Please read the attached requirements that must be reviewed and approved by various City Departments. The Business Tax Department of the City of Lebanon will issue Business Licenses. The Business License does not permit the business to open without a Certificate of Occupancy from the Building Inspector's Office unless the Business has received an exemption, from the Building Inspector's Office. The Code requirements must be met and approved for any change of location as well. Please be advised that refunds are not issued on Business Licenses.

- _____ Date _____ Initials (City Official) Planning/Zoning requirements for the business location
- _____ Date _____ Initials (City Official) Site Plan Approved (If Applicable)
- _____ Date _____ Initials (City Official) Cross Connection Approved
- _____ Date _____ Initials (City Official) Fats/Oils/Grease Prevention Approved
- _____ Date _____ Initials (City Official) Life Safety and Building Codes

NAME OF BUSINESS _____
 BUSINESS ADDRESS _____
 TYPE OF BUSINESS _____
 CHANGE OF LOCATION _____ YES _____ NO
 If yes, list previous location: _____



CITY OF LEBANON

PHILIP CRAIGHEAD, Mayor

Business Tax Department
200 North Castle Heights Avenue
Suite 124
Lebanon, TN 37087
Phone: (615) 444-4915
Fax: (615) 443-1158

I have read the above statement and understand that I cannot open my business unless Code requirements are met and approved by the City of Lebanon Building Inspector.

APPLICANT OR OWNER NAME (print) _____

APPLICANT OR OWNER

SIGNATURE _____ DATE _____

MAILING

ADDRESS _____

E-MAIL

ADDRESS _____

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

For Office Use Only:

ATTESTED: _____ DATE: _____