



**South Central Regional Construction Code Council**

5058 W. Main Street Houma, Louisiana 70360  
P.O. Box 1870, Gray, Louisiana 70359  
Toll Free at 1-866-95-PERMIT or (985) 655-1070

**MyPermitNow.Org**

**SCPDC CHANGE OF OCCUPANCY / CERTIFICATE OF OCCUPANCY CHECK LIST**

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number (s): \_\_\_\_\_

Project Address: \_\_\_\_\_

\_\_\_\_\_

Applicable Building Codes:

- IBC            2015 International Building Code
- IPC            2015 International Plumbing Code
- IMC           2015 International Mechanical Code
- IEBC          2015 International Existing Building Code
- NEC           2014 National Electrical Code

**NOTE: If renovations/alterations are proposed that involve new construction, repairs or relocation of any walls, doors, windows, roof coverings, electrical, mechanical or plumbing, a commercial renovation permit is required.**

The following information needs to be provided for all Change of Occupancy and/or Certificate of Occupancy permits:

**Building and Planning information:** *(Provide the following if not already indicated within any drawings that may have been provided)*

\_\_\_ Gross Area of Leased Space *(approximate square footage of the owned/leased total space)* \_\_\_\_\_

\_\_\_ Gross Building Area *(IF KNOWN please provide approximate square footage of total building area including areas not owned/leased)* \_\_\_\_\_

\_\_\_ Number of Existing Parking Spaces *(provide brief description of number of off-street parking stalls assigned to space and if any are to be added)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Previous Occupancy Use *(Please provide to the best of your knowledge a brief description of previous building use, i.e. office, office/warehouse, repair shop, etc... and/or type of previous business activities)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Proposed Occupancy Use *(Provide brief description for new use of building i.e. office, hair salon, restaurant, automotive shop, retail, storage etc.)* \_\_\_\_\_

\_\_\_ Number of Existing Restrooms \_\_\_\_\_; Number and type of fixtures in each if more than one set in each restroom \_\_\_\_\_

\_\_\_ Number of Existing Drinking Fountains (if provided) \_\_\_\_\_

\_\_\_ Existing Building Type Construction: *(Provide brief description of existing building type construction, i.e. wood framing and/or metal/steel, masonry, etc., or combination thereof)* \_\_\_\_\_

\_\_\_ Storage areas / Occupancy: *(Provide brief description of types of items to be stored)* \_\_\_\_\_

\_\_\_ Floor Plan *(Please provide if available at time of application)*. NOTE: Although a floor plan will NOT always be required (i.e. office use to office use or retail to retail etc. –same use), depending on the previous and new occupancy use, one may be required. In order to reduce review and approval time we recommend providing one if already available.

**Renovations:** *(The following information is required if applicable; see note **in bold** at beginning of this check list)*

\_\_\_ Scope of work: *(Provide brief description of renovations to be done.)*  
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