

CITY OF LAKE CHARLES
BUILDING AND LAND USE SURVEY FORM FOR OCCUPATIONAL LICENSE

Owners Name: _____
Name of Business: _____
Location: _____

Phone No.: _____
Proposed Use: _____
Previous Use: _____

1. ☐ **New Building/Business** – Need Application for Certificate of Occupancy. Send to The Permit Center.
2. ☐ **Existing Building** – Same Use (change of occupant/ownership only) – Building vacant six months or less. Issue Occupational License.
☐ **Existing Building** – Same Use (change of occupant/ownership only) – Building vacant six months to one year. Call Zoning Office for approval, then issue Occupational License.
Zoning: _____ ☐ Approved ☐ Rejected – Send applicant to Zoning Office
- ☐ **Existing Building** – Same Use (change of occupant/ownership only) – Building vacant for more than one year. Need Application for Certificate of Occupancy. Send to Zoning Office. Need inspections.
3. ☐ **Existing Building** – Change of Use: Proposed Use _____ Previous Use _____
Need Application for Certificate of Occupancy. Send to Zoning Office. Need inspections.
4. ☐ **Home Occupation** ☐ **Home Business** Send to Zoning Office for approval.
☐ Rejected ☐ Approved pursuant to adherence of Sec. 5-207 of Zoning Ordinance (issued to applicant). _____

USES OR CLASSIFICATION

- ☐ **Assembly** – Occupancy exceeds 100 persons. Churches, Restaurants, Auditoriums, etc.
- ☐ **Business** – Office Buildings, Beauty Shops, Service Stations, Nurseries, Banks, Vocational Schools, Doctor Offices, Restaurants, etc.
- ☐ **Educational** – Classrooms
- ☐ **Factory/Industrial** – Factory, Assembly Plant, Mill, etc.
- ☐ **Institutional** – Hospital, Nursing Home, etc.
- ☐ **Mercantile** – Retail Sales, Drug Store, Department Store, etc.

Applicant/Owner agrees the above information is correct and to conform to all applicable laws of the City of Lake Charles. Applicant further agrees to stay in strict compliance with the adopted Zoning Ordinance and Building Code of the City.

Date

Applicant/Owner

FOR TAX OFFICE USE ONLY

Type of Business to be Conducted:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Itinerant Vendor | <input type="checkbox"/> Repair FPB* |
| <input type="checkbox"/> Restaurant/Café | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Service/Repair – Mobile | <input type="checkbox"/> Home Business | <input type="checkbox"/> Lounge |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Other _____ |

Are alcoholic beverages going to be sold? _____
For consumption on premises _____

Package Sales Only _____

Licenses Applicable (class description) _____

Permits Applicable (class description) _____

Sales Tax Registration No. _____

Fees to be collected \$ _____

Determined By: _____

Date: _____

Is this: ☐ New Business ☐ Change of Ownership ☐ Change of Location

*FPB – Fixed Place of Business