



# Application for General Business Occupancy Waiver (BOW)

DO NOT WRITE HERE - FOR OFFICE USE ONLY

Accepted by Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Ownership is verified:  Yes  No, source: \_\_\_\_\_

Management is verified:  Yes  No, source: \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A business occupancy waiver (BOW) is required for a new property owner(s)/property manager/business owner(s) when requesting permanent release of utilities. Please submit this form to the Planning Division, with a fee of \$21 for processing.

I attest that I am one of the following (check one):

- Change of property owner – copy of Grant Deed or County Recorder Paperwork
- Property Manager representing the property owner (notarized letter required)
- Change of business ownership when one or more owner(s) is/are removed but same business is continued. Did previous business close out account?
- For commercial rental properties
- New Building – with Building Permit Final – Permit No: \_\_\_\_\_
- Utility/telecommunication company requests address within the right-of-way

**PRIMARY (EXISTING) BUSINESS/USE** Business License No./BOP Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

**Name of existing Business Owner:** \_\_\_\_\_

Business Description (e.g. hair salon, office, wireless company, landlord or property manager, etc.)

**PRIMARY (New) BUSINESS OWNER**

Business Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

**Name of New Business Owner(s):** \_\_\_\_\_

Business Description (e.g. hair salon, office, wireless company, landlord or property manager, etc.)



## **Application for General Business Occupancy Waiver (BOW)**

### **Property Owner/Property Manager/Business Owner Certification**

I hereby certify that I am the new owner(s)/property manager/business owner or authorized representative (notarized letter required). By signing below, I further affirm that I am the new property owner/property manager/business owner or authorized representative applying for permanent utility connections for the address or suite(s) stated above.

_____ Signature	_____ Date	_____ Title
_____ Print Name	_____ E-mail address	_____ Phone Number
_____ Mailing Address	_____ City, State	_____ Zip Code
		_____ FAX Number