

Address: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

**CHANGE OF OCCUPANCY INSPECTION CHECKLIST**

YES	NO	N/A	
_____	_____	_____	1. Proposed occupancy classification: _____
_____	_____	_____	2. Previous occupancy classification: _____
_____	_____	_____	3. Mixed use occupancy? If so, what type: _____
_____	_____	_____	4. Type of Construction: _____
_____	_____	_____	5. Square Footage: _____
_____	_____	_____	6. Are Sprinkler system required: _____
_____	_____	_____	7. Are fire walls required: _____
_____	_____	_____	8. Are Fire Extinguishers provided: _____
_____	_____	_____	9. Are the Fire Extinguishers have up-to-date certification? _____
_____	_____	_____	10. Number of exits required: _____
_____	_____	_____	11. Maximum travel distance to egress: _____
_____	_____	_____	12. Exit signs & lights marked & working: _____
_____	_____	_____	13. How many bathrooms required for proposed occupancy? _____
_____	_____	_____	14. Bathrooms ADA compliant: _____
_____	_____	_____	15. Entry width for bathroom: _____
_____	_____	_____	16. Turning space provided in bathroom: _____
_____	_____	_____	17. Lavatory mirrors are proper height: _____
_____	_____	_____	18. Grab rails: _____
_____	_____	_____	19. Door closer on bathroom door: _____
_____	_____	_____	20. Water fountain: _____