

**CITY OF CHOCTAW  
OCCUPANCY/ZONING APPLICATION**

- New Business       Change of Original Applicant  
 Change of Ownership       Change of Tenant

Occupancy Permit No.: \_\_\_\_\_ \$50.00      Receipt No.: RN-\_\_\_\_\_      Payment Type: \_\_\_\_\_

Zoning Permit No.: \_\_\_\_\_ \$25.00      Receipt No.: RN-\_\_\_\_\_      Payment Type: \_\_\_\_\_

Business Name: \_\_\_\_\_      Date of Expected Opening \_\_\_/\_\_\_/\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Owner/Corp. Name: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Owner/Corp. Phone No.: (\_\_\_\_)-\_\_\_\_-\_\_\_\_      Owner/Corp Cell No. :(\_\_\_\_)-\_\_\_\_-\_\_\_\_

Fax No.: (\_\_\_\_)-\_\_\_\_-\_\_\_\_      Emergency No.: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Owner/Corp. Mailing Address: \_\_\_\_\_

If Corporation, list officers: \_\_\_\_\_

Owner of Property: \_\_\_\_\_      Signed Copy of Lease  Yes  No

Type of Use: \_\_\_\_\_      Current Zoning: \_\_\_\_\_      Required Zoning: \_\_\_\_\_

Building Size: \_\_\_\_\_      Total Square Ft: \_\_\_\_\_

State Sales Tax #: STS-\_\_\_\_\_      MMJ-\_\_\_\_\_      Fed ID #: \_\_\_\_\_

Able Permit     Required     Not Required      Renewal Date \_\_\_/\_\_\_/\_\_\_

OMMA License #'s: D/\_\_\_\_\_      P/\_\_\_\_\_      G/\_\_\_\_\_

**Check ALL that apply:**       Dispensary     Processor     Grow     Transportation

OBN License #'s: D/\_\_\_\_\_      P/\_\_\_\_\_      G/\_\_\_\_\_

Department of Human Services &/or Health Inspection       Yes  No  NR

Department of Environmental Quality Permit       Yes  No  NR

**\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\***

**Current Zoning:** \_\_\_\_\_      **Change of zoning required**     Yes  No

**Zoning/Development Center:**       Approved  Denied By: \_\_\_\_\_

**Building Inspection:**       Approved  Denied By: \_\_\_\_\_

**Re-Inspection Required:**       No  Yes if yes, when: \_\_\_\_\_

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Manager

\_\_\_\_\_  
Date

## Existing Site

### ❖ No Change to construction of building and/or use. (Non-Conforming)

- Is proper lot condition and maintenance being performed to the existing parking lot, driveways, and/or loading and unloading zones? With special attention to holes.  Yes  No  N/A
- Is proper line stripping for parking spaces, loading and unloading areas and fire lanes legible?  Yes  No  N/A
- Is the loading and unloading area designated?  Yes  No  N/A
- Is outdoor lighting arranged to not interfere with adjacent use and/or adjacent street? (No flashing or intermittent type.)  Yes  No  N/A
- No obstacles interfering within the line of sight triangle.  Yes  No  N/A
- Proper screening in place adjacent to a residential district  Yes  No  N/A
- Is trash bin screening in place?  Yes  No  N/A

## Improvement to Site

### ❖ An addition, change of use. (Conformance)

- Adequate amount of parking spaces  Yes  No  N/A
- All parking spaces, driveways, loading and unloading for shipment and ADA parking shall be paved with a sealed surface pavement.  Yes  No  N/A
- Designated loading and unloading zones  Yes  No  N/A
- No obstacles interfering within the line of sight triangle.  Yes  No  N/A
- Are all structures located in the proper setback laws?  Yes  No  N/A
- Is outdoor lighting arranged to not interfere with adjacent use and/or adjacent street? (No flashing or intermittent type.)  Yes  No  N/A
- Proper screening in place adjacent to a residential district  Yes  No  N/A
- Is trash bin screening in place?  Yes  No  N/A
- Is the proper amount of landscaping in place?  Yes  No  N/A

## General Inspection

### ❖ Exits

- Two means of egress from building.  Yes  No  NR
- Two exits from each floor.  Yes  No  NR
- Exits clear from trash and debris.  Yes  No  NR
- Illuminated exit signs.  Yes  No  NR
- Adequate emergency lighting.  Yes  No  NR

### ❖ Doors

- Swing in direction of travel.  Yes  No  NR
- Panic hardware.  Yes  No  NR
- Egress doors 32 inches wide.  Yes  No  NR

### **Service Equipment (Electrical)**

- Breaker panel clear and unobstructed. [ ] Yes [ ] No [ ] NR
- GFCI receptacles in sink area and restrooms. [ ] Yes [ ] No [ ] NR
- Receptacle covers installed. [ ] Yes [ ] No [ ] NR
- Appliance/Equipment cords in good condition. [ ] Yes [ ] No [ ] NR

### **❖ Service Equipment (Plumbing)**

- Restrooms illuminated properly [ ] Yes [ ] No [ ] NR
- Restrooms vented properly. [ ] Yes [ ] No [ ] NR
- Water heaters installed properly. [ ] Yes [ ] No [ ] NR
- Toilets and sinks drain properly. [ ] Yes [ ] No [ ] NR

### **❖ Exterior**

- Free from trash and tall grass. [ ] Yes [ ] No [ ] NR
- Adequate parking. [ ] Yes [ ] No [ ] NR
- Building area free from hazards. [ ] Yes [ ] No [ ] NR

## **ADA CHECKLIST**

### **❖ Doors and Entrances**

- Has at least one handicap accessible entrance. [ ] Yes [ ] No
- Doors has minimum clear opening of 32" wide. [ ] Yes [ ] No
- Doors require minimum effort to open and close slowly. [ ] Yes [ ] No
- Level platform approximately 5'x5' inside and outside of door. [ ] Yes [ ] No
- Door thresholds should be flush or beveled. [ ] Yes [ ] No

### **❖ Rest Rooms**

- Door should swing out with 32" clear opening. [ ] Yes [ ] No
- Room should be approximately 5'x5' with a clear space or 30"x48" in front to sink, toilet stall, etc... [ ] Yes [ ] No
- Two handrails mounted securely behind or adjacent to toilet. [ ] Yes [ ] No
- Mirror, towel dispenser & shelves not mounted over 40" max height. [ ] Yes [ ] No
- Sink should have 29" clear space underneath (no cabinet). [ ] Yes [ ] No
- Faucets to be lever-operated or push type. [ ] Yes [ ] No
- Toilet stalls at least 4'8"x 3' with door which swings out. [ ] Yes [ ] No
- Urinals to be floor mounted or a max height of 19" from floor. [ ] Yes [ ] No

### **❖ Telephones and Drinking Fountains**

- If offered, at least one public phone must be accessible to the handicap. [ ] Yes [ ] No
- If offered, at least one fountain must be accessible to the handicap. [ ] Yes [ ] No

## **Safety and Hazards**

- If an alarm system is available, must include auditory & visual signal. [ ] Yes [ ] No
- Floors should be level and non-slip. [ ] Yes [ ] No
- Exits should be clearly marked. [ ] Yes [ ] No
- Warnings posted clearly near hazards or dangerous areas. [ ] Yes [ ] No
- Tactile floor warnings near the top of stairs. [ ] Yes [ ] No
- Fire alarms should be marked and accessible. [ ] Yes [ ] No
- Corridors should be free of protruding objects. [ ] Yes [ ] No

## ❖ **Ramps**

- Must be 36" wide (clear space), cannot have a slope steeper than 1' rise over a distance of 12', and run over 30' without a rest platform. [ ] Yes [ ] No
- Ramps should have handrails on both sides which extend 1' before and beyond the slope of the ramp. [ ] Yes [ ] No
- Ramps should have a non-slip uninterrupted surface. [ ] Yes [ ] No
- Ramp platforms should be at least 5'x5' with a 6' long flat surface. [ ] Yes [ ] No

## ❖ **Walkways**

- Walkways should be a continuous uninterrupted nonslip surface. [ ] Yes [ ] No

## ❖ **Stairs and Elevators**

- Stair steps should be at least 11" deep and not exceed 7" in rise. [ ] Yes [ ] No
- Stair nosing's (under front edge) should be flush, angled, or rounded. [ ] Yes [ ] No
- Handrails must be on both sides of the stairs and exceeds 12" past the bottom and top steps. [ ] Yes [ ] No
- Elevator cab should have approximately 5'x5' with controls at an appropriate height which can be easily operated. [ ] Yes [ ] No

## ❖ **Parking**

- If the building has a parking lot, at least on space should be designated for handicapped people with a sign. [ ] Yes [ ] No
- If the building has a loading zone, it should have at least one area, flush with the walk or with curb ramps, adequate in size to allow safe loading. [ ] Yes [ ] No