



# ZONING COMPLIANCE CERTIFICATE



- 1) **Previous Use/Occupancy Classification** \_\_\_\_\_
- 2) **Type of Construction of the overall Building** \_\_\_\_\_
- 3) **Proposed Use/Occupancy Classification (2015 IBC Chapter 3)** \_\_\_\_\_  
B – Office, doctor, real estate    M – Retail sales  
F – Metal fabrication                S – Combustible storage
- 4) **Occupancy Classification of Adjacent Tenant Spaces**  
Left side \_\_\_\_\_ Right side \_\_\_\_\_ Rear \_\_\_\_\_
- 5) **Approximate Square Footage of Tenant Space** \_\_\_\_\_  
Overall building square footage \_\_\_\_\_
- 6) **Occupancy Separation (2015 IBC Section 508) (One-hour per amendment)**  
Rating provided (0hr, 1hr, 2hr, 3hr)  
Non-separated uses – yes or no  
Separated uses required – yes or  
No Rating required (1hr, 2hr, 3hr)  
  
a) **Automatic Sprinkler System**  
Provided – YES or NO  
Required – YES or NO
- 7) **Occupant Load (2015 IBC Chapter 10)**  
Mixed uses – YES or NO  
Occupancy Group \_\_\_\_\_ - \_\_\_\_\_  
Occupancy Group \_\_\_\_\_ - \_\_\_\_\_
- 8) **Means of Egress (2015 IBC Chapter 10)**  
Number of exits required \_\_\_\_\_  
Number of exits provided \_\_\_\_\_
- 9) **Bathroom Requirements**
- 10) **Action required – yes or no**

Additional Comments:

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