

## Cobb County Fire Marshal's Office (CCFMO) – Information Change Form

### Fire Marshal's Office



**Application to Occupy a Building/Space that has a valid Certificate of Occupancy; Cities of Acworth, Kennesaw, Powder Springs and Unincorporated Cobb County**

**\*\*FEES MUST BE PAID BEFORE THE APPLICATION WILL BE PROCESSED\*\***

New Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

Sublease/Sublet: YES / NO (multiple businesses occupying the same suite, one has a valid C/O)

**Notice:** This application is for a Name Change, Sublease, or Re-Issuance of occupancy for Assembly, Storage, or Industrial occupancies. Complete this application and provide the following items below for review.

**Upload all documents into MobileEyes as a new application in PDF format: [www.cobbfmo.org](http://www.cobbfmo.org)**

**(Please see FAQ Topics on our website for detailed instructions about MobileEyes)**

DOCUMENTS REQUIRED FOR TO REVIEW APPLICATION	✓ = Pass, X = Fail	Status
1) Provide a current floor plan as presently configured/arranged ( <i>floor plan commonly found with lease documents</i> )		
2) Provide pictures of all areas throughout your tenant space for visual verification		
3) Provide a copy of the existing Certificate of Occupancy (CO) from the previous tenant/occupant		
4) Provide a Scope of Operations letter: describing the business's day-to-day operation		
5) Provide the Occupant Information Certificate filled out.		
6) A Commodity Protection Assessment packet may be required at the discretion of the reviewer		

*(This process does not apply to CO's issued prior to 1982 in accordance with O.C.G.A. 25 – 2 – 12 – C - 4)*

**Acknowledgement Affidavit:**

I \_\_\_\_\_ am notifying CCFMO that the, business, and/or owners' is changing at \_\_\_\_\_  
 (Print Owner Name)

the above listed location. I have made no changes in any way (i.e., any gas lines, mechanical, plumbing and/or electrical work, moving of load bearing, non-load bearing walls, or exits, etc.) to the address listed above. I also affirm that I will be conducting the same type of business that was previously approved by your office. I understand that if I wish to make any changes that influence the occupancy type, I must first submit plans to CCFMO and obtain a permit through the appropriate Building Department. \_\_\_\_ (initial)

I understand that a Certificate of Occupancy **will not** be issued in my new business name, if my business is located within the City limits of Acworth, Powder Springs or unincorporated Cobb County. \_\_\_\_ (initial)

I understand that a Certificate of Occupancy **will be** issued in my new business name, if my business is located in the City Limits of Kennesaw. I understand I must contact the Kennesaw Building Department to submit the required documentation to obtain my Certificate of Occupancy. City of Kennesaw's approval to use this form is on a case-by-case basis. \_\_\_\_ (initial)

I also understand that I must schedule a fire inspection of my business prior to the completion of this process. The inspector may discover violations that will need to be corrected in a timely manner. I also understand that the inspector may find violations that will require plans to be submitted and a permit obtained to correct the violations. \_\_\_\_ (initial)

I \_\_\_\_\_ attest, to the best of my knowledge, all the information that I have provided on this document and all supplemental documentation is true and factual.  
 (Owners Signature)

**Public Notary Section**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Notary Stamp:

Date of witness: \_\_\_\_\_ Expiration: \_\_\_\_\_



**For Official CCFMO Use Only:**

1. Enter the applicant into Mobile Eyes and create a Job		
2. Check with the Building Department prior to approving this process		
3. Type of Plan review required:		
4. Other/Notes:		
5. Inform status and required action to the tenant		
6. Application: Pass _____ Fail _____		
Occupancy Classification:		Occupant Load:
Reviewer:	Date:	OCC ID:
Inspector: _____	Date: _____	Pass _____ Fail _____