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Cobb County Fire & Emergency Services

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## Tenant Sublease Application

<b>Existing Tenant Information:</b>	
Business Name _____	
Address _____	Suite# _____
City _____	Zip Code _____
Owner(s) Name _____	Phone _____
<b>Sublease Information:</b>	
Business Name _____	
Address _____	Suite # _____
City _____	Zip Code _____
Owner(s) Name _____	Phone _____
Email: _____	

I, \_\_\_\_\_ am informing you that the business listed under  
(Print Sublease Owner Name)

Sublease above will be occupying space for business office purposes in or at the Existing Tenant's location. I have made no changes in any way (i.e., any gas, mechanical, plumbing and/or electrical work, load bearing, non-load bearing walls, exits, etc.) to the above listed business. I also affirm that I will be conducting the same type of business appropriate to the occupancy classification of the Existing Tenant at the above listed location. I understand that if I wish to make changes or change the type of business, I must first submit plans to the Cobb County Fire Marshal's Office and obtain a permit through the applicable Building Department.

If there is not a copy of the floor plan of the above mentioned location on file at the Cobb County Fire Marshal's Office, you will be required to supply an 8 1/2" X 11" drawing of your space/building.

I understand that a Certificate of Occupancy **will not** be issued in my name. Once processed by the Fire Marshal's Office, a copy of this form will be sent to the appropriate city (Acworth, Powder Springs, Kennesaw).

I also understand that a life safety inspection will be conducted of my business. The inspector may discover life safety violations that will need to be corrected in a timely manner. I also understand that if the inspector finds violations that I may be required to submit plans and obtain permits to correct the violations.

I, \_\_\_\_\_ attest, to the best of my knowledge, all of the above information is true and correct.  
(Sublease Owners Signature) Date: \_\_\_\_\_

<b>F.M.O. :</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Rejected</b>	
By _____	Date _____
Comments: _____	
_____	