

## CERTIFICATE OF OCCUPANCY APPLICATION

**\*\*THIS APPLICATION SHALL BE COMPLETED BY THE PROPOSED OCCUPANT AND SIGNED BY THE BUSINESS OWNER OR RESPONSIBLE AUTHORIZED EMPLOYEE. THIS APPLICATION WILL BE VOIDED IF THE STRUCTURE IS NOT OCCUPIED WITH 180 DAYS OF THE INSPECTION DATE.**

BUILDING ADDRESS: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 TYPE OF BUSINESS OPERATION:  
 Sole Proprietor    General Partnership    LLC    Corporation  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 CONTACT PERSON PHONE#: \_\_\_\_\_  
 PROPERTY OWNER: \_\_\_\_\_  
 PROPERTY OWNER ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PROPERTY OWNER PHONE#: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

APP. REVIEWED BY: \_\_\_\_\_  
 INSPECTION  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 FEE: \_\_\_\_\_  
 B.L. NO#: \_\_\_\_\_  
 APN: \_\_\_\_\_  
 RDA: \_\_\_\_\_  
 SIC: \_\_\_\_\_

IS THE BUILDING PRESENTLY OCCUPIED?    YES    NO  
*(\*If the building will be occupied during the inspection, provide written permission by the current occupant allowing the inspection).*  
 NUMBER OF STORIES: \_\_\_\_\_ GROUND FLOOR SQ. FT. \_\_\_\_\_  
 MEZZANINE/SECOND FLOOR SQ. FT. \_\_\_\_\_  
 SQ. FT. OF BUILDING TO BE OCCUPIED: \_\_\_\_\_  
 TOTAL SQ. FT. OF BUILDING: \_\_\_\_\_  
*(\*\*If you are not occupying the entire building, provide a plan showing the occupied area).*  
 NUMBER OF PERSONNEL   MEN: \_\_\_\_\_ WOMEN: \_\_\_\_\_  
 PREVIOUS USE: \_\_\_\_\_  
 PROPOSED USE: \_\_\_\_\_  
 DESCRIBE OPERATION IN DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF CONST: \_\_\_\_\_  
 ZONE: \_\_\_\_\_  
 BUILT BEFORE  
 APRIL 18, 1989: \_\_\_\_\_  
 OCC. CLASS: \_\_\_\_\_  
 VARIANCE: \_\_\_\_\_  
 CUP: \_\_\_\_\_  
 BUILDING VACANT~1YR: \_\_\_\_\_  
 APPROVED FOR TEMP OCC: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE  
 APPROVED FOR OCC: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE

SIGNATURE

DATE