

## Certificate of Occupancy Application



**Per California Building Code Section 111.1. - A building or structure shall not be used or occupied in whole or in part, and a change of occupancy of a building or structure or portion thereof shall not be made, until the building official has issued a certificate of occupancy.**

### Type of Application

<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Use
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### Business Information

Name of Business/DBA:		Business Phone:
Business Address (including suite #):		Mailing Address (if different):
Describe the specific type of services being provided by the business. Please attach additional pages if needed. <hr/> <hr/>		
Name of Business Owner, Partners, or Officers:		
Type of Business (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company		
Please indicate the name of the business owner(s) or entity to be listed on the certificate as the "Business Owner":		
Contact Person:	Email:	Phone Number:

### Property Information and Business Activity Information

Property Owner's Name(s):	
Property Owner's Mailing Address:	
Property Owner's Email:	Phone Number:
Prior Use or Prior Tenant for space:	
What square footage of the floor area is devoted to the business?	
How many employees, including business operators, does the business have?	
How many available restrooms are there for the business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you verified that the business is allowed at this address? <i>If no, please contact Planning (916) 625-5160 to confirm land use <u>and zoning</u> compatibility before proceeding.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the space being sub-leased? <i>If yes, what is the Business Name of other occupying tenant?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a change of use or building alterations planned for the business? . <i>If yes, has a building permit been obtained/applied for?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Note:</b> Exterior modifications to buildings, parking, or landscaping may require prior Planning approval. Change of use and tenant improvement plans are required to be prepared by a California licensed Architect or Engineer.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any new signs planned for the business? <i>If yes, have planning and building permits (if required) been obtained/applied for?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the business continue the existing use of the space? <i>If the existing use is not continued, what is the new use?</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be outside storage associated with the business?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the business currently open at this location? <i>If not, what is the anticipated date of opening?</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the space have fire sprinklers?		
If any of the following equipment or materials are required for the proposed use, please check the appropriate box(es) below and specify size, type, or quantity. Please attach additional pages if needed.				
<input type="checkbox"/>	Grease Hood			
<input type="checkbox"/>	Flammable Liquids			
<input type="checkbox"/>	Explosives or Ammunition			
<input type="checkbox"/>	Spray Painting			
<input type="checkbox"/>	Wood Working			
<input type="checkbox"/>	Storage Racks			
<input type="checkbox"/>	Other hazardous materials (including, but not limited to, compressed gases such as CO2, Nitrogen and Oxygen)			
<input type="checkbox"/>	Other equipment			

<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>

Official Use Only	
Certificate of Occupancy #:	Address:
Zoning:	Shell Final Date:
TI Permit Number ( <i>if applicable</i> ):	TI Final Date ( <i>if applicable</i> ):
Occupancy Type:	Construction Type:
<b>Route Application to:</b>	
<input type="checkbox"/> Fire <input type="checkbox"/> Planning <input type="checkbox"/> PCWA <input type="checkbox"/> SPMUD <input type="checkbox"/> PCEH ( <i>food/drink related business</i> ) <input type="checkbox"/> PCEH ( <i>Hazmat</i> )	
<b>Signoffs Required as Checked:</b>	
<input type="checkbox"/> Building	Approved by: _____ Date: _____
<input type="checkbox"/> Fire	Approved by: _____ Date: _____
<input type="checkbox"/> Planning	Approved by: _____ Date: _____
<input type="checkbox"/> PCWA	Approved by: _____ Date: _____
<input type="checkbox"/> SPMUD	Approved by: _____ Date: _____
<input type="checkbox"/> PCEH	Approved by: _____ Date: _____
<input type="checkbox"/> Other	Approved by: _____ Date: _____
<b>Conditions of Approval or Comments:</b> _____	
_____	
_____	