



Application for a Certificate of Occupancy

Applicant: Fill in all applicable areas; please print clearly. Application Number _____ Intake Person (office use only) _____

Applicant is: Property Owner _____ Tenant _____ Authorized Agent _____

Project Identification

APN: _____

Job Address: _____ Suite or Space #: _____

City: _____ State: _____ Zip: _____

Occupancy Type(s) (check appropriate items)

Office _____ Mercantile _____ Factory _____ Apartment _____ Warehouse _____ Restaurant _____ Other _____

Name of Business: _____

Description of Business: _____

Existing Use: _____ Proposed Use: _____

Occupancy Square footage: _____ Is Bldg. Sprinklered? Yes _____ No _____ # of Stories: _____

Property Owner's Name, Address, Phone Number

Name: _____ Home Phone: _____

Address: _____ Bus. Phone: _____

City: _____ State: _____ Zip Code: _____

Existing Tenant Name, Address, Phone Number

Name: _____ Home Phone: _____

Address: _____ Bus. Phone: _____

City: _____ State: _____ Zip Code: _____

New Tenant Name, Address, Phone Number

Name: _____ Home Phone: _____

Address: _____ Bus. Phone: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature Printed Name Date

Planning Representative (print name) Signature for Approval Date

Please note that this information is available on an existing Certificate of Occupancy and Business License for the existing business and can be used for the new Business License and Certificate of Occupancy.