

Certificate of Occupancy Application



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

☐ New Business ☐ Change of Location ☐ Change of Business Name ☐ Change of Ownership ☐ Change of Use

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. 		
Name of Business Owner, Partners, or Officers:		
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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is a change of use or building alterations planned for the business? . If yes, has a building permit been obtained/applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: 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.	

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<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 there be outside storage associated with the business?	
<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	

Print Name:	
Signature:	Date: