CITY OF ELK GROVE DEVELOPMENT SERVICES • BUILDING SAFETY & INSPECTION 8401 LAGUNA PALMS WAY • ELK GROVE, CALIFORNIA 95758 PHONE (916) 478-2235 EMAIL BLDONLINE@ELKGROVECITY.ORG WWW.ELKGROVECITY.ORG



Application for a Certificate of Occupancy

Applicant: Fill in all applicable areas; please print clearly.					Permit Number	
Applicant is:	Property Owner		Tenant		Authorized Agent	
Project Identificat	ion					
APN:						
lob Address:				Suite or Space #:		
City:				State:	Zip:	
Occupancy Type(s) (check appropria	ite items)				
Office N	Mercantile	Factory	Apartment	Warehouse	Restaurant	Other
Name of Busine	ess:					
Description of Bu	ısiness:					
Existing Use:			Proposed Use:			
Occupancy Square footage:			ls Bldg. Sprinklere	d? YesNo _	# of Stories:	
Property Owner's	Name, Address, Pl	none Number				
Name:				Home Phone:		
Address:				Bus. Phone:		
City:				State:	_ Zip Code:	
Email Address:						
Existing Tenant N	ame, Address, Pho	ne Number				
Name:				Home Phone:		
Address:				Bus. Phone:		
City:				State:	_ Zip Code:	
New Tenant Name	e, Address, Phone I	Number				
Name:				Home Phone:		
Address:				Bus. Phone:		
City:				State:	_ Zip Code:	
Email Address:						
Applicant Signature			Printed Name		Date	
Planning Representative (print name)			Signature for Approval		 Date	

Please note that this information is available on the existing Certificate of Occupancy which should be posted at the site.