



Application for a Certificate of Occupancy

Applicant: Fill in all applicable areas; please print clearly.

Applicant is: **Property Owner** _____

Tenant _____

Permit Number _____

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: _____

Email Address: _____

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: _____

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.