



Application for a Certificate of Occupancy

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

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.