

CERTIFICATE OF OCCUPANCY APPLICATION



DATE _____ PERMIT NUMBER _____

BUSINESS NAME _____ TYPE OF BUSINESS _____

ADDRESS _____

NAME OF BUSINESS OWNER(S) _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

PHONE _____ EMAIL _____

OWNER OF BUILDING _____

ADDRESS _____

PHONE _____ EMAIL _____

DESCRIBE EXACT USE OF BUILDING: _____

PREVIOUS USE OF BUILDING/SUITE _____

APPLICANT ACKNOWLEDGEMENT

Applicant agrees that the Certificate of Occupancy shall be posted in a conspicuous location, and will operate subject to the City's issuance of the Certificate of Occupancy.

I, _____, hereby agree to comply with the above-described terms in this Application for Certificate of Occupancy.

_____ DATE _____

APPLICANT

CITY STAFF USE ONLY (PLEASE SIGN AND DATE IF APPROVED)

BUS LICENSE _____ DATE _____ ENGINEERING _____ DATE _____

BUS LIC. NUMBER _____ FIRE _____ DATE _____

PLANNING _____ DATE _____ EMWD _____ DATE _____

HEALTH DEPT _____ DATE _____ BUILDING _____ DATE _____

REMARKS _____



| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|--------------|
| DATE _____ | | PERMIT NUMBER _____ | |
| ADDRESS _____ | | | |
| BUSINESS NAME _____ | | | |
| INTENDED BUSINESS USE _____ | | | |
| IS THIS A NEW BUSINESS IN THE CITY OF MENIFEE? | YES | NO | (CIRCLE ONE) |
| ARE YOU THE FIRST TENANT TO OCCUPY THIS SPACE? | YES | NO | (CIRCLE ONE) |
| IS THE BUILDING EQUIPPED WITH FIRE SPRINKLERS? | YES | NO | (CIRCLE ONE) |
| SQUARE FOOTAGE _____ | | | |
| NUMBER OF EMPLOYEES _____ | | | |
| NUMBER AND LOCATION OF RESTROOM FACILITIES _____ | | | |
| LIST ANY TOXIC CHEMICALS, FLAMMABLE/COMBUSTIBLE LIQUIDS OR GASES USED OR STORED WITH MSDS SHEETS AND QUANTITIES OF EACH BELOW OR ON A SEPARATE ATTACHED SHEET(S): | | | |
| | | | |
| <ul style="list-style-type: none"> • ARE YOU MAKING ANY IMPROVEMENT TO THE SUITE OR BUILDING OTHER THAN PAINTING, PAPERING, FLOOR COVERING, MOVABLE CASES, SHELVING OR PARTITIONS NOT OVER 5' 9" HIGH? <div style="text-align: right;">YES NO (CIRCLE ONE)</div> • APPLICANT SHALL OBTAIN ALL REQUIRED CLEARANCES AND/OR APPROVALS FROM THE APPROPRIATE WATER DISTRICT AND FIRE DEPARTMENT PRIOR TO ISSUANCE OF ANY BUILDING PERMITS | | | |
| SIGNATURE _____ | | DATE _____ | |
| PRINT NAME _____ | | | |
| TENANT / OWNER / CONTRACTOR / ARCHITECT / ENGINEER (CIRCLE ONE) | | | |
| CITY STAFF USE ONLY | | | |
| OCCUPANCY GRP | | TYPE OF CONST | |
| | | STAFF INITIALS | |