

# 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"> <li>• 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> </li>   <li>• APPLICANT SHALL OBTAIN ALL REQUIRED CLEARANCES AND/OR APPROVALS FROM THE APPROPRIATE WATER DISTRICT AND FIRE DEPARTMENT PRIOR TO ISSUANCE OF ANY BUILDING PERMITS</li> </ul>			
SIGNATURE _____		DATE _____	
PRINT NAME _____			
TENANT / OWNER / CONTRACTOR / ARCHITECT / ENGINEER    (CIRCLE ONE)			
<b>CITY STAFF USE ONLY</b>			
OCCUPANCY GRP		TYPE OF CONST	STAFF INITIALS