



REASON FOR CERTIFICATE OF OCCUPANCY

CHANGE OF OWNER NEW TENANT-NO ALTERATIONS/CONSTRUCTION

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 _____ HEALTH DEPT _____ DATE _____

BUS LIC. NUMBER _____ FIRE _____ DATE _____

PLANNING _____ DATE _____ EMWD _____ DATE _____

ENGINEERING _____ DATE _____ BUILDING _____ DATE _____

ENGINEERING INSPECTION (INCLUDE VERIFICATION OF BMP's BUILT PER PLANS/WQMP)

REF WQ/SW # _____ APPROVED BY _____ DATE _____

DATE _____

BUSINESS NAME _____			
BUSINESS ADDRESS _____			
NAME(S) OF BUSINESS OWNERS _____			
PHONE NUMBER _____		EMAIL _____	
OWNER OF BUILDING _____			
OWNER OF BUILDING ADDRESS _____			
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)			
FOR CITY STAFF			PERMIT NUMBER
OCCUPANCY GRP	TYPE OF CONST		STAFF INITIALS

WHAT WILL THE INSPECTOR BE LOOKING FOR DURING MY INSPECTION?

The following checklist consists of the most common items the Building and Safety Department will be inspecting. Based on the type of business you are conducting, other items may be required for compliance. If there are any violations found during the inspection, you will be advised of the corrections at the time of your inspection. It is your responsibility to correct the violations and call for a re-inspection once the violations are corrected.

1. Facility Layout

- a) Draw a site plan showing the dimensions of the office along with all furniture, office equipment, service counters, storage shelves, product, machinery, etc. must be in place for the inspection

2. Address

- a) Must be visible from the street
- b) Minimum four (4) inch high numbers
- c) If applicable, your suite number must be clearly displayed
- d) Address and suite number must be contrasting to the background

3. Exit and Signage

- a) A sign that reads "THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED" posted above all exit doors on the interior side in one (1) inch high letters on a contrasting background
- b) An EXIT sign must be posted above all exit doors with the text in high contrast to the background with letters a minimum of six (6) inches high

4. Electrical

- a) All light switches, receptacles and electrical boxes must have cover plates
- b) Electrical outlets are properly functioning
- c) Extension cords and multi-plug adaptors must be removed and are not allowed to be used for any permanent wiring
- d) Approved surge protectors must be securely mounted a minimum of four (4) inches above the floor
- e) No storage or equipment within 36" inches in front of and within 30" inches on the side of any electrical service panel or sub-panel (breaker box)
- f) All circuit breakers must be clearly labeled as to their exact use
- g) Any blank breaker spaces in any panel must be properly closed with an approved blank plate

5. Fire Extinguisher

- a) A fire extinguisher must be installed in your business for every 75 feet of foot travel
- b) The fire extinguisher must be mounted on a wall no higher than 48 inches above the floor near the exit door
- c) The extinguisher must be a type 2A10BC
- d) The extinguisher must be a new or recently serviced within one (1) year of the month and date of your inspection

6. Fire Sprinklers

- a) No blocked or capped sprinkler heads

- b) 18" inch clearance from all sprinkler heads to any object
- c) A current five (5) year certification on the sprinkler system

7. Unpermitted Construction

- a) Any changes to the suite or facility by the proposed or previous business, if found will be required to be permitted or removed

8. Other

- a) Other items not listed above may be in violation and require correction. Your inspector will advise you as to all corrections that are needed
- b) Holes in any walls must be patched
- c) No broken or boarded windows
- d) Compressed gas tanks must be properly secured, if applicable
- e) Occupancy separations between adjacent units are intact and installed when hazardous materials or uses are involved. This would include any F-1, F-2, H and S occupancies. This may result in constructing the correct area separation if one does not exist before you open for business

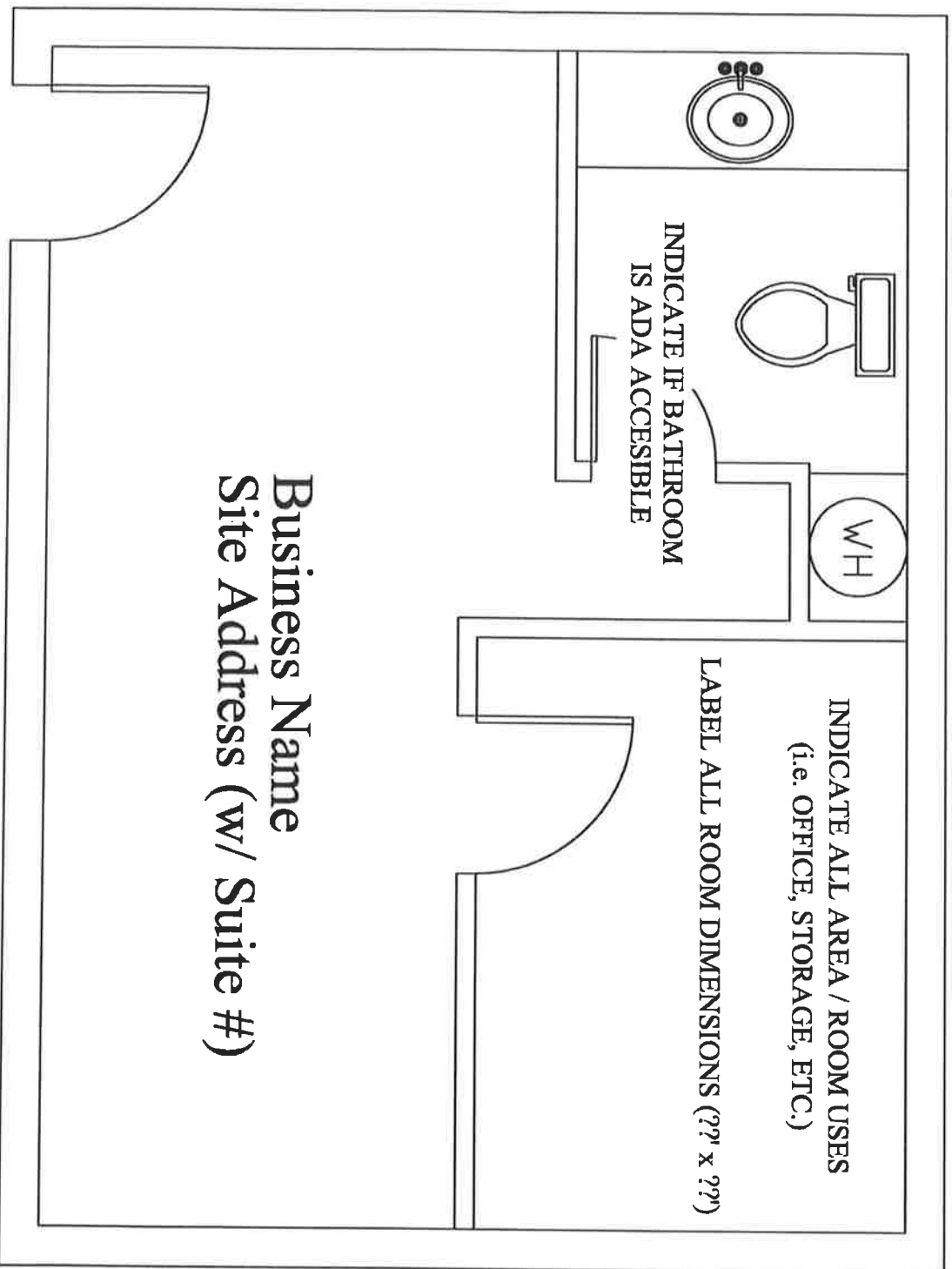
AFTER PASSING THE INSPECTION

After having passed the required inspection, a Certificate of Occupancy will be created and signed by the Building Official. You must pick up your Certificate of Occupancy from City Hall prior to opening for business. The Certificate of Occupancy must be posted in a conspicuous place.

HELPFUL PHONE NUMBERS

Building and Safety Inspection Request Line	951-246-6213
City of Meniffee City Hall	951-672-6777
Chamber of Commerce	951-672-1991
Southern California Edison	951-655-4555
Southern California Gas Company	951-427-2200
Verizon	800-483-1000
Alcohol Beverage Control	951-782-4400
Eastern Municipal Water District	951-928-3777
Riverside County Health Department	951-766-6524
Riverside County Food Facility	951-766-2824

SAMPLE FLOOR PLAN (with items needed to be shown) FOR REFERENCE ONLY



Business Name
Site Address (w/ Suite #)

LEGEND



Illuminated EXIT sign



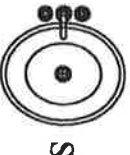
Doors and direction
of opening.



Water Heater



Toilet



Sinks

Show all existing walls.

Show all proposed office
furniture and equipment.

Show location of all fire
extinguishers / sprinklers.

Label total square footage.

Check Fire Dept. checklist
for additional items.