

CITY OF ALISO VIEJO

CERTIFICATE OF OCCUPANCY APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

DETAILED DESCRIPTION OF BUSINESS:

BUSINESS DAYS/HOURS: _____

EXISTING SQUARE FOOTAGE: _____

CHECK APPLICABLE BOXES:

CHANGE OF OWNER

CHANGE OF BUSINESS NAME

TENANT IMPROVEMENTS PERFORMED

NO TENANT IMPROVEMENTS PERFORMED

NEW TENANT

SQUARE FOOTAGE BY USE: (EX. OFFICE% / WAREHOUSE%, RETAIL%, STORAGE%)

NUMBER OF PARKING SPACES PROVIDED: _____

NUMBER OF EMPLOYEES: _____

NUMBER OF RESTROOMS: _____

OCCUPANCY GROUP: _____ **OCCUPANCY LOAD:** _____ **TYPE OF CONSTRUCTION:** _____

DOES THIS BUILDING HAVE FIRE SPRINKLERS INSTALLED? YES / NO

EMERGENCY CONTACT PERSON: _____ **PHONE:** _____

IF YOU ANSWER "YES TO ANY QUESTIONS BELOW, PLEASE EXPLAIN IN DETAIL	YES	NO
WILL ANY TOXIC, HAZARDOUS, FLAMMABLE LIQUIDS, CHEMICALS OR ANY SOILD MATERIALS BE STORED AT THIS LOCATION?		
WILL ANY MATERIALS OR CHEMICALS BE MANUFACTURED OR FABRICATED AT THIS LOCATION?		

EXPLAIN: _____

OWNER OF BUSINESS	OWNER OF BUILDING OR MANAGEMENT COMPANY
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWKNOWLEDGE. (SIGNATURE BELOW REQUIRED) APPLICANT SIGNATURE:

BUSINESS OWNER'S NAME (PRINT) _____ **TITLE:** _____

BUSINESS ONWER'S SIGNATURE: _____ **DATE:** _____

PLANNING	APPROVED BY: _____	DATE: _____
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