



Building Department
12 Journey, Suite 100
Aliso Viejo, CA 92656
Phone (949)425-2540
Fax (949)425-3899
www.cityofaliso Viejo.com

CERTIFICATE OF OCCUPANCY

CERTIFICATE OF OCCUPANCY REQUIREMENTS

(When NO Tenant Improvements are constructed and previous certificate of occupancy was issued for the same)

1. Complete Certificate of Occupancy application form (NOTE: Application must be signed by the tenant and property owner or management company).
2. Complete Business Registration form.
3. Provide floor plan of space.
4. Provide site plan showing entire lot with location of building and location of suite within the building.
5. Obtain Planning Department approval.
6. Obtain Building Department approval.
7. Once approved by Planning and Building, a building inspection must be scheduled to verify no construction was done without permits and there are no code violations.
8. Application must be submitted in person to the Building Department between the hours of 7:30 am to 12:00 pm, Monday through Friday, closed every other Friday.

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
- NOTENANT 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

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: _____

OWNER OF BUILDING OR MANAGEMENT COMPANY:

NAME (PRINT): _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE:

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

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

PLANNING

APPROVED BY: _____

DATE: _____

CITY OF ALISO VIEJO



12 Journey, Suite 100, Aliso Viejo, CA 92656- 5335

Tel: 949.425.2500

BUSINESS REGISTRATION FORM

Business Name _____

Business Owner/ Manager _____

Street Address _____

City _____

State _____

Zip _____

Mailing Address (if different)

Street Address _____

City _____

State _____

Zip _____

Phone Number of Business _____

Fax _____

Email _____

Website _____

Assistant Manager _____

Phone Number of Assistant Manager _____

Type of Business _____

Start Date _____

Number of Employees _____

Headquarter Location (if different)

Street Address _____

City _____

State _____

Zip _____

Home Based Business? Y/N

If yes, STOP here

Property Manager Contact Information

Name _____

Phone Number _____

Address _____

Email _____