

# APPLICATION FOR CERTIFICATE OF OCCUPANCY

PURSUANT TO PAMC SECTION 16.04.120 & UBC SECTION 109

Application Number \_\_\_\_\_ Date \_\_\_\_\_  
Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite or Bldg # \_\_\_\_\_  
Business Operator \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Description of the proposed business (Note: food service establishments require Health Department review prior to Certificate of Occupancy application. Please contact Santa Clara Health Dept to obtain Approval to Operate Certificate.) \_\_\_\_\_

Square Footage of Building / Space \_\_\_\_\_ / \_\_\_\_\_ Floor/s 1 2 3 4 5 other \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_

Are any tenant improvements currently proposed? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, a building permit application must be submitted)

Is the storage or use of hazardous materials proposed? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, the HAZARDOUS MATERIALS CHECKLIST must be completed and attached)

NOTE:

1. A one-time fee of \$421.00 is required for the processing of this application, which must be submitted in person to the Building Inspection Division at the Palo Alto Development Center, 285 Hamilton Avenue, 1st floor. If the application is approved subsequent to Building and Fire Department inspections, an official certificate to be posted at the premises will be issued and mailed to the business operator at the address above.
2. If the proposed business is considered a use intensification with regard to required parking, a site plan of on-site parking may be required to verify parking compliance.
3. All business signs for exterior building modifications must be reviewed by the Architectural Review Board (ARB). For information regarding the ARB process, please contact the Planning Division at (650) 329-2441.
4. A permit is required for alterations to the building, plumbing, mechanical, or electrical systems. For information on necessary permits, please contact the Building Inspection Division at (650) 329-2496.

\_\_\_\_\_  
Applicant Signature

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-FOR OFFICE USE ONLY-

Receipt # \_\_\_\_\_

Zone District: \_\_\_\_\_ Permitted or Conditional use (circle one) CUP # (if applicable) \_\_\_\_\_  
Previous Proposed

Use Classification (Zoning): \_\_\_\_\_

Occupancy Class (Bldg): \_\_\_\_\_

Maximum Occupancy Load: \_\_\_\_\_

Review/Inspection Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Approvals Required:**

Planning Division (329-2441): \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_

Fire Department (329-2184): \_\_\_\_\_ Fire Department staff will perform site inspection

Building Division (329-2496): \_\_\_\_\_ Building Division staff will perform site inspection

**All Department approvals required prior to issuance of Certificate of Occupancy.**