



Planning & Building Agency
Building Safety Division
 20 Civic Center Plaza
 P.O. 1988 (M-19)
 Santa Ana, CA 92702
 (714) 647-5815

COO- _____

OCCUPANCY INSPECTION
APPLICATION

BTN _____

BUSINESS ADDRESS

BUSINESS ADDRESS		UNIT OR SUITE	ZIP CODE
BUSINESS NAME		BUSINESS PHONE NO. () -	EMERGENCY PHONE NO. () -
BUSINESS OWNER'S NAME & TITLE		EMAIL ADDRESS	
BUSINESS OWNER'S MAILING ADDRESS			
DO YOU SUBLEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, NAME OF SUBLEASOR)		SQUARE FEET	FLOOR AREA
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME		BUSINESS PHONE NO. () -	EMERGENCY PHONE NO. () -
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY ADDRESS			
PROPERTY OWNER'S NAME		BUSINESS PHONE NO. () -	EMERGENCY PHONE NO. () -
PROPERTY OWNER'S ADDRESS			
BUSINESS DESCRIPTION _____ <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> AUTO REPAIR (NO WELDING, NO OPEN FLAMES, NO SPRAY PAINTING) <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> WHOLESALE <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> EATING ESTABLISHMENT (SEE PWA) <input type="checkbox"/> GROUP ASSEMBLY <input type="checkbox"/> OTHER (DESCRIBE ABOVE)		<input type="checkbox"/> Yes <input type="checkbox"/> No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question you must contact Orange County Fire Authority's Hazardous Material Disclosure Section at (714) 573-6000. If YES, please describe _____ _____	
ATTENTION: ALL GROUP "H" OCCUPANCIES (INCLUDING, BUT NOT LIMITED TO, AUTO BODY, AUTOMOTIVE WORK OR STORAGE INCIDENTAL TO WELDING WITH OPEN FLAME, WOODWORKING, CUTTING, SHAPING OR SANDING WOOD) SHALL NOT BE CONDUCTED IN ANY BUILDING OR STRUCTURE UNLESS THERE IS AN APPROVED FIRE SPRINKLER SYSTEM INSTALLED.			
SIGNATURE		TITLE	DATE
DEPARTMENT USE ONLY		EXPIRED/OPEN PERMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of report:	
PRIOR APPROVED USE		PRIOR APPROVAL DATE	PRIOR OCCUPANCY GROUP
PRIOR CONSTRUCTION TYPE			
PLANNING	ZONE	VA	CUP
OCC. LOAD	OCCUPANCY GROUP	CONSTRUCTION TYPE	APPROVED
			DENIED
			DATE
Note: One of the following must be checked by the C of O Inspector.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the inspector identified any hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is hazardous waste being generated at this site?			
NOTES: (LIMITATIONS OF APPROVED OCCUPANCY) _____ _____ _____ _____			



Planning and Building Agency
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(714) 647-5804
Planning@santa-ana.org
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CERTIFICATE OF OCCUPANCY SUPPLEMENTAL QUESTIONNAIRE

Business Name (Print): _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant's Name: _____

Phone No.: _____ E-mail Address: _____

1. What type of occupancy are you applying for? (Select All That Apply)

- Change in Business Ownership/Structure Change in Business Name
 Change of Occupant Additional Occupant (Sublessee)

If an additional occupant, please provide the primary occupant's business name and Certificate of Occupancy number below:

a. Business Name: _____

b. Certificate of Occupancy Number: _____

2. Which of the following best describes your business operation? (Select All That Apply)

- Office Only Retail Sales Restaurant/Take Out Food Medical/Dental Office
 Counseling Services Warehouse/Distribution Manufacturing Auto Repair/Service
 Other (describe): _____

3. Please provide a brief description of how the business will operate at this site (for example, please describe the general nature of the business, what activities occur on-site, and if the business is open to the public). _____

4. Please provide the hours of operation for the business:

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

5. What was the former type of business or use of this site? (Please contact the leasing agent or building owner to determine prior business use.)

6. Is this a new building? Yes No

7. Has the building or unit been vacant? Yes No

If vacant, for how long? _____

8. Is the floor or business entrance shared with another business? Yes No

9. Will this business include a lobby or waiting area? Yes No

10. How much of the leased space will be used for office space?

100% 50% 30% Less than 30%

If office use is less than 100%, describe how the remaining space used? _____

11. Is the building sprinklered? Yes No

12. Will any improvements be made to the building and/or site, such as: exterior painting, signage, interior tenant improvements? Yes No

If yes, please describe: _____

13. Will a product be manufactured at the site? Yes No

If yes, please describe (including process and end product): _____

a. Will operations produce dust/wood shavings or similar materials? Yes No

b. Does the operation involve the use of welding or open flame? Yes No

14. Will this business service or repair vehicles or install equipment or accessories into vehicles?

Yes No

If yes, please explain: _____

15. Will this business sell automobiles or motorcycles? Yes No

16. Will equipment, materials, or products be stored within the building? Yes No

a. Will there be outdoor storage of equipment, materials, or products? Yes No

If yes, please describe: _____

b. Will there be storage racks, pallets and/or shelving exceeding 5 feet 9 inches in height?
Yes No (A permit is required for racks/shelving over 6' in height, inquire with the permit counter)

17. Will your business, or machinery, instruments, or equipment used in the operation of your business, require a permit from a regional, state, or federal agency to handle, store, emit or discharge regulated compounds, materials, chemicals, or substances (examples include, but not limited to, a permit to discharge air contaminants from the Air Quality Management District (AQMD) or an industrial wastewater permit from the Orange County Sanitation District (OCSAN))? Yes No

a. If yes, please list the permitting agency, permit type, and provide a description of the business activity that requires a permit: _____

b. If yes, is your business located within 1,000 linear feet from a public park, school (K-12), or property used or zoned for residential purposes? Yes No

18. Will your business involve a patient care profession, such as doctor, dentist, chiropractor, acupuncturist, or physical therapist? Yes No

19. Is the proposed use within the mental health profession, such as:

No/Not Applicable Psychologist Psychiatrist
 Social worker Other _____

20. Is counseling proposed as a part of your business operation? Yes No

a. If yes, is your facility operated by the government, government-subsidized, not-for-profit, or philanthropic entities? Yes No

If yes, please describe: _____

b. If yes, does your counseling business contract work with a public agency? Yes No

If yes, please describe: _____

21. Will this business be offering any of the following services?:

Alcohol Sales Smoking Lounge Tattoos/Permanent Makeup
 Body/Ear Piercing None of the above

22. Will this business be offering massages as part of your business operation? This includes massage as ancillary to pedicures, manicures, and other services. Yes No

a. If yes, please describe: _____

23. Will cannabis or cannabis related products be stored, cultivated, distributed, tested, manufactured or dispensed at this business? Yes No

a. If yes, please describe: _____

24. Will food for consumption be prepared or sold on or off the property? Yes No

If yes, will sit down service, drive-through, or orders to go/pick-up be provided? Yes No

If yes, please describe: _____

25. I acknowledge that for certain uses, I may have to provide additional documents (e.g., floor plans, site plans, parking counts, tenant improvement plans) for an extended review by the Planning and Building Agency. _____(initial)

26. I acknowledge that I will comply with all zoning and Santa Ana Municipal Code requirements pertaining to my business and occupancy application. _____(initial).

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

Print Name

Title