



CERTIFICATE OF OCCUPANCY APPLICATION

City of San Jacinto | 595 S San Jacinto Ave | San Jacinto CA 92583 | 951.487.7330 | fax 951.654.9896

1. Applicant		Phone #			
2. Home Address	Street	City	State	Zip code	
3. Business Name		Phone #			
4. Business Address	Street	City	State	Zip Code	
5. Landlord (name & address)	Street	City	State	Zip Code	Phone
6. Person paying for water (name & address)	Street	City	State	Zip Code	Phone
7. Person paying for trash (name & address)	Street	City	State	Zip Code	Phone

8. In detail, describe ALL activities planned for ALL portions of the building:

- Due to possible structural and zoning limitations, the Certificate of Occupancy is only valid for those uses that are approved by the Planning Department and Building & Safety Division. Any other uses may result in the denial or revocation of the Certificate of Occupancy. Building & Safety Division approval shall be based on the current Uniform Building Code in effect. Planning Department approval shall be based on the City's Zoning Ordinance. Certificate of Occupancy will not be issued until water meter and trash service are activated by either the tenant or landlord.
- No person or company shall occupy any building until a Certificate of Occupancy, or a temporary Certificate is issued by the Planning Department and Building & Safety Division.
- A business license does not constitute permission to occupy a building. A Certificate of Occupancy with the Building & Safety Division approval must be obtained and posted in order to legally occupy a building.
- A site plan, floor plan and \$41 application fee must be submitted with this application.
- All certificate of Occupancy applications are good for 180 DAYS. Applicants that have not obtained all the required inspections and approvals must re-apply.

I hereby acknowledge that I have read this application and agree to comply with its contents.

Signature of Applicant: _____ Date: _____

For Office Use:	Date _____
Planning _____	Group _____ Type Construction _____ Use Zone _____
Building & Safety _____	Owner of Building Verified [] Yes [] No
Fire _____	Building Address Posted [] Yes [] No
Use Classification _____	Emergency Contact Form Received [] Yes [] No Bus. Lic.# _____

**CITY OF SAN JACINTO BUILDING & SAFETY/FIRE & LIFE SAFETY
STATEMENT OF INTENDED USE**

Business Name: _____ Date of Occupancy _____

Site Address: _____ Telephone # _____

_____ Up to 20,000 sq ft _____ 20,000 to 50,000 sq ft. _____ 50,000 to 75,000 sq ft
 _____ Over 100,000 sq ft

The following information is required before a new business inspection can take place. Inspections are performed by the Fire Marshal or his representative. This statement may affect your occupancy classification and could require structural and/or fire protection upgrading.

Before making changes in use, it is required that you notify the Director of Planning at the City of San Jacinto for approval.

YES **NO**

- | | | |
|-------|-------|---|
| _____ | _____ | 1) <u>Will you be applying flammable/combustible finishes?</u> |
| _____ | _____ | 2) <u>Will you be installing a spray booth or dip tanks?</u> |
| _____ | _____ | 3) <u>Will you be storing Combustible product or commodity?</u> |
| _____ | _____ | a) <u>over 2500 feet?</u> |
| _____ | _____ | b) <u>Closely packed piles over 15 feet high?</u> |
| _____ | _____ | c) <u>Palletized storage over 12 feet in height?</u> |
| _____ | _____ | d) <u>Rack storage over 12 feet in height</u> |
| _____ | _____ | 4) <u>Will you have explosives or blasting agents on your property?</u> |
| _____ | _____ | 5) <u>Will you be welding or cutting?</u> |
| _____ | _____ | 6) <u>Will you have compressed gases?</u> |
| _____ | _____ | 7) <u>Will you be installing a fire alarm system?</u> |
| _____ | _____ | 8) <u>Will you handle, use, store flammable or combustible liquids?</u> |
| _____ | _____ | a) <u>Underground tank?</u> |
| _____ | _____ | b) <u>Above ground tank?</u> |
| _____ | _____ | c) <u>Drums?</u> |
| _____ | _____ | d) <u>other? if yes,</u> |

Describe: _____

- | | | |
|-------|-------|--|
| _____ | _____ | 9) <u>Will you be cooking food?</u> |
| _____ | _____ | 10) <u>Will you be using flammable producing device?</u> |
| _____ | _____ | 11) <u>Will you be repairing vehicles?</u> |
| _____ | _____ | 12) <u>Is there, or will there be any LPG stored or used on premises?</u> |
| _____ | _____ | 13) <u>Will you be doing any woodworking?</u> |
| _____ | _____ | 14) <u>Will you be dealing with large amounts of waste material?</u> |
| _____ | _____ | 15) <u>Does your refrigeration system contain more than 20 pounds of refrigerant?</u> |
| _____ | _____ | 16) <u>Will places of assembly take place on your premises in excess of 50 Persons (excluding employees)</u> |

YES NO

17) Will you handle, use or store, hazardous materials equal to, or
In excess of 55 gallons, 500 pounds or 200 cubic feet? (common
hazardous materials include gasoline, waste oil, paint thinner, and
compressed gases).

18) Other:

TYPE OF BUSINESS REMARKS

Responsible signature

Print Name

Date: _____

Hazardous Materials Disclosure needed?

_____ Yes _____ NO
