

CITY OF PALO ALTO - BUILDING INSPECTION DIVISION
285 HAMILTON AVE. PALO ALTO, CA 94301

APPLICATION FOR CERTIFICATE OF OCCUPANCY

PURSUANT TO PAMC SECTION 16.04.120 & UBC SECTION 109

Application Number _____ Date _____

Business Name _____ Applicant _____

Street Address _____ Suite or Bldg # _____

Business Operator _____ Phone # _____

Mailing Address _____

Description of the proposed business _____

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 \$370.00 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:

Planning Division (329-2441): by _____ date _____

Fire Department (329-2184): by _____ date _____

Occupancy Approved (Building Division): by _____ date _____
(329-2496)



Certification of Occupancy Supplement and Hazardous Materials Checklist

Palo Alto Fire Department

250 Hamilton Ave, Palo Alto, CA 94301
 Phone: 650-329-2184 Fax: 650-3276951
 e-Mail: Fire@cityofpaloalto.org

Instruction: Please fill out this application and submit the form along with Building Inspection Division's Application for Certificate of Occupancy. You may submit this form in person, by mail, by fax or e-mail to the Fire Prevention Bureau.

Business Name: _____

Street Address: _____

Primary Emergency Contact

Name: _____
 Title: _____
 Evening Phone: _____
 Cell Phone: _____
 Pager: _____
 Has keys (Y/N) _____

Secondary Emergency Contact

Name: _____
 Title: _____
 Evening Phone: _____
 Cell Phone: _____
 Pager: _____
 Has keys (Y/N) _____

Please provide the following facility information:

Knox Box Yes _____ No _____
 Standpipe Yes _____ No _____
 Fire Alarm Yes _____ No _____
 Fire Sprinkler System Yes _____ No _____
 How Many Floors Up _____ Down _____

If yes, provide the location of the device or control panel

Hazardous Materials Questionnaire

Hazardous Materials are items such as gasoline, diesel, antifreeze, waste oils, solvents, liquefied petroleum gases (LPG), compressed gases, medical gases, acids, bases, oxidizers, radioactive materials, cryogenics and water reactive chemicals.

Does the operation of this facility involve the use or storage of hazardous materials? Yes _____ No _____

Does this facility currently have a Hazardous Materials Storage permit? Yes _____ No _____

Will This Project:

- Involve a closure of present Hazardous Material Storage Facilities? Yes _____ No _____
- Involve the storage/use of hazardous materials? Yes _____ No _____
- Generate a hazardous materials waste stream? Yes _____ No _____
- Involve the aggregate quantity of any one chemical in quantities greater than 200 cubic feet, 55 gallons or 500 lbs? Yes _____ No _____
- Involve EPA listed Extremely Hazardous Substances? Yes _____ No _____
- Require the installation or removal of aboveground or underground storage tanks or sumps? Yes _____ No _____
- Involve Hazmat related improvements such as fume hoods and Storage cabinets? Yes _____ No _____

I hereby certify under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief. Intentional exclusion of any relevant information may be punishable under provisions set forth in Palo Alto Municipal Code, Title 17, Chapter 17.48.

Signature _____ Print Your Name _____ Title _____ Company Name _____

Date _____ Phone Number _____