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 (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

-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

Instructions: 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:

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

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

Hazardous Materials Questionnaire

Hazardous Materials are items such as gaoline, diesel, antifreeze, waste oils, solvents, liquefied petroleum gases (LPG), compressed gases, medical gases, acids, bases, oxidizers, radioactive materials, cryogens 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

Description of Proposed Business or Facility