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

APPLICATION FOR CERTIFICATE OF OCCUPANCY

PURSUANT TO PAMC SECTION 16.04.130 & UBC SECTION 111.1

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 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 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.