



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

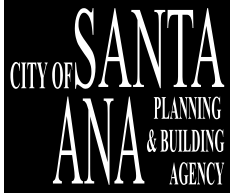
COO- \_\_\_\_\_

**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		BUSINESS OWNER'S DRIVERS LICENSE NO. & STATE	
BUSINESS OWNER'S MAILING ADDRESS		EMAIL 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"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> WHOLESALE <input type="checkbox"/> EATING ESTABLISHMENT (SEE PWA) <input type="checkbox"/> WAREHOUSE <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 _____	
<b>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.</b>			
SIGNATURE		TITLE	DATE
<b>DEPARTMENT USE ONLY</b>		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
APPROVED	DENIED	DATE	
OCC. LOAD	OCCUPANCY GROUP	CONSTRUCTION TYPE	DATE
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  
 Planning Division  
 20 Civic Center Plaza  
 P.O. Box 1988 (M-20)  
 Santa Ana, CA 92702  
 (714) 647-5804  
 www.santa-ana.org

# CERTIFICATE OF OCCUPANCY SUPPLEMENTAL QUESTIONNAIRE

**Please turn in this completed form with your Certificate of Occupancy application.**

Company Name (Print): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (business mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

- Change of Property Owner  Change of Occupant  Change of Use  Additional Occupant

**1. The following best describes my operation:**

- Office Only  Retail Sales  Medical/Dental  
 Warehouse/Manufacturing/Distribution  Restaurant/Take Out Food  
 Other (describe)

2. Please provide a brief description of how the business operates at this site (for example, please describe the general nature of the business, what activities occur on-site, the **hours of operation, open to the public**).

3. What was the former type of business or use of facility? *(Please contact the leasing agent or building owner to determine prior business use.)*

4. Has the building or space been vacant or is this a new building? Yes  No

If vacant, for how long? \_\_\_\_\_

5. Are you an independent contractor? Yes  No

6. Location of the business and suite number: \_\_\_\_\_

- 1<sup>st</sup> floor  2<sup>nd</sup> floor  \_\_\_ floor

7. Do you share the floor or business entrance with another business? Yes  No

8. What is the amount of square footage leased? \_\_\_\_\_

9. How much of the space, which you lease, is office?

- 100%  50%  30%  Less than 30%

If other than 100%, how is the remaining space used?

10. Is the building sprinklered? Yes  No

11. Do you plan on making any improvements to the building such as: exterior painting, signage, interior tenant improvements? Yes  No

If yes, please describe:

12. Will your business include a lobby or waiting area? Yes  No

If yes, what will be the dimensions?

13. Do you store equipment, materials, or products 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  (*permit required for racks/shelving over 6', inquire with permit counter*)

14. Do you manufacture a product at the site? Yes  No

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

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

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

15. Does the proposed use involve a patient care profession, such as doctor, dentist, chiropractor, acupuncturist, or physical therapist? Yes  No

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

No/Not Applicable  Psychologist  Psychiatrist

Social worker  Other \_\_\_\_\_

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

a. Does your counseling business contract work with a public agency? Yes  No

If yes, please describe:

17. Will your business be offering the following services:

Alcohol sales  Smoking Lounge  Tattoos/ Permanent make-up

Body piercing/ Ear piercing  None of the above

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

19. Is cannabis or cannabis related product stored, cultivated, distributed, tested, manufactured or dispensed at your business? Yes  No

20. Do you prepare or sell food for consumption on or off the property? Yes  No

If yes, do you provide sit down service , drive-through , or orders to go/pick-up ?

Please explain:

21. Does your business sell automobiles or motorcycles? Yes  No

If yes, please explain:

22. Does your business service or repair vehicles or install equipment and accessories into vehicles?  
Yes  No

If yes, please explain:

23. I acknowledge that I have requested and received 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

### Information

The Planning Division's Public Counter is open for walk-up customers from 8:00 a.m. to 4:00 p.m., Monday through Friday, except Wednesday 10:30 a.m. to 4:00 p.m. The Planning Division is located within City Hall – Ross Annex, 20 Civic Center Plaza, First Floor. Additionally, you may call us at (714) 647-5804 should you require any general information.

The Planning Division reviews Certificate of Occupancy requests for change of address, new businesses, or expansions to ensure that the proposed use is consistent with the established zoning regulations of Santa Ana. Please check with the Planning Division's Public Counter prior to signing a lease or committing your business to a certain location to determine the feasibility.

If a nonconforming use is discontinued, or if a nonconforming building is vacant, unused or unoccupied for a period of 12 consecutive months, any subsequent use must conform in every respect to the provisions of the Municipal Zoning Code, and a nonconforming building may not thereafter be used or occupied until it conforms in every respect to the provisions of the Code.

**Generally, the following uses will require further documentation or an extended review and may or may not be permitted: office uses within an industrial zone; medical, restaurant, laundromat, trade or technical schools, and automotive repair and service uses within spaces that were not previously used for such purposes; a building that does not meet the parking demand for the proposed use; or a use which generates a higher parking demand or adherence to development standards than the previous uses.**

**You may need to provide floor plans, site plans, or document the prior use before obtaining a Certificate of Occupancy to determine the grandparented rights of a nonconforming use, or a use which has additional Code requirements.**