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**CITY OF
SANTA CLARITA
BUILDING & SAFETY**

TEMPORARY CERTIFICATE OF OCCUPANCY APPLICATION

PROPOSED BUSINESS INFORMATION

| | | |
|-----------------------------------|----------|-----------------|
| BUSINESS NAME: | | PERMIT#: |
| BUSINESS OWNER NAME: | PHONE #: | FAX #: |
| BUSINESS ADDRESS: | | EMAIL: |
| NAME OF COMMERCIAL CENTER: | | |
| PROPERTY OWNER NAME: | PHONE #: | FAX #: |
| MAILING ADDRESS: | | EMAIL: |
| CITY: | STATE: | ZIP: |

APPLICANT INFORMATION

| | | |
|------------------------------------|--------------------|--------|
| APPLICANT NAME: | PHONE #: | FAX #: |
| APPLICANT TITLE: | | |
| PROPOSED BUSINESS: | DATE OF OCCUPANCY: | |
| PURPOSE OF EARLY OCCUPANCY: | | |
| | | |

INSURANCE INFORMATION - Please attach a copy of Certificate of Liability Insurance to this application

| | | |
|--|---------|-----------------|
| INSURANCE CARRIER FOR BUILDING: | | POLICY#: |
| AGENT: | PHONE # | FAX #: |
| BANK/LENDER: | BRANCH: | PHONE #: |

BUILDING INFORMATION

| | | |
|--|------------------|--------------|
| SQUARE FOOTAGE: | OCCUPANCY GROUP: | CONST. TYPE: |
| FIRE SPRINKLERED: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

I hereby agree to abide by all conditions of the Temporary C of O and understand that permanent occupancy is not approved for the above-referenced project until a permanent Certificate of Occupancy is issued by the City

APPLICANT SIGNATURE: _____ **DATE:** _____

Do Not Write Below This Line – For Office Use Only

| AGENCY APPROVALS | APPROVED/DENIED BY | DATE |
|---|---------------------------|-------------|
| PERMITS, FEES PAID, AGENCIES: | Counter Techs | |
| SAFETY, SITE & BUILDINGS ACCESSIBILITY: | Inspector | |
| PLANNING, CONDITIONS, REQUIREMENTS: | Code Enforcement | |
| CONDITIONS: | | |
| | | |
| | | |

TEMPORARY CERTIFICATE OF OCCUPANCY APPROVAL

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|---|--------------|
| CITY BUILDING OFFICAL SIGNATURE: | DATE: |
|---|--------------|