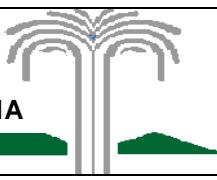


CITY OF FONTANA



**BUILDING & SAFETY DIVISION**  
8353 SIERRA AVE, FONTANA, CA 92335  
(909) 350-7640 FAX: (909) 350-7676

# Application for Certificate of Occupancy

**Case #** \_\_\_\_\_

Please check one:

<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Business Name*	<input type="checkbox"/> Change of Address
<input type="checkbox"/> Newly Constructed Building	<input type="checkbox"/> Change in Business Owner*	<input type="checkbox"/> Change of Occupant*
<input type="checkbox"/> Existing Building*	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Additional Occupancy

\* Please provide a site plan, floor plan, and a copy of the previous Certificate of Occupancy

## Property Information

Site Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

## Business Information

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Previous Use of Building: \_\_\_\_\_ Planned Date of Start or Change of Business: \_\_\_\_\_

## Building Information

Length Vacant: \_\_\_\_\_ Total Area in Building: \_\_\_\_\_

No. of Full Time Employees: \_\_\_\_\_ No. of Part Time Employees: \_\_\_\_\_

No. of Parking Spaces: \_\_\_\_\_ No. of Accessible Parking: \_\_\_\_\_ Outside Storage:  Yes  No

Does your business store hazardous materials?  Yes  No

Does your business create hazardous waste?  Yes  No

Notice: 1. This is an APPLICATION FOR CERTIFICATE OF OCCUPANCY ONLY and does not give the right to conduct business or make alterations to the structure (alterations require a permit).  
2. Occupancy of any building is prohibited and a business license will not be issued until the building has been inspected by all approving departments, and a Certificate of Occupancy obtained.  
3. Corrections may be required prior to issuance of Certificate of Occupancy.  
4. A \$204.00 processing fee will be paid when application is submitted.  
5. To schedule the necessary Fire Department inspection, please call (909) 428-8897.  
6. To schedule the necessary Building Department inspection, please call (909) 350-7693 and enter Inspection Code "860" when prompted by the automated system.

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct to the best of my knowledge.

Signature of Owner or Authorized Agent

Date of Signature

<b>FOR OFFICE USE ONLY</b>	Bldg & Safety: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By:	Planning: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By:	Fire: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By:	Environmental: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By:
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