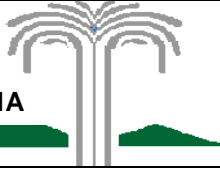


CITY OF FONTANA



# Application for Certificate of Occupancy

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

**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

**FOR  
OFFICE  
USE ONLY**

Bldg & Safety:  
☐ Approved ☐ Denied  
By: \_\_\_\_\_

Planning:  
☐ Approved ☐ Denied  
By: \_\_\_\_\_

Fire:  
☐ Approved ☐ Denied  
By: \_\_\_\_\_

Environmental:  
☐ Approved ☐ Denied  
By: \_\_\_\_\_