



CITY OF MENIFEE
BUILDING AND SAFETY DEPARTMENT
29714 HAUN ROAD, MENIFEE, CA 92586
TELEPHONE: (951) 672-6777

PERMIT #

DATE:

APPLICATION FOR CERTIFICATE OF OCCUPANCY

PLEASE PRINT LEGIBLY OR TYPE

SECTION I – APPLICANT INFORMATION			
ADDRESS WHERE BUSINESS WILL BE CONDUCTED:			
NAME OF BUSINESS:		TYPE OF BUSINESS:	
NAME OF BUSINESS OWNER:		BUSINESS PHONE:	
ADDRESS OF HOME OFFICE OF BUSINESS OWNER: (IF DIFFERENT FROM ABOVE)		PHONE:	
OWNER OF BUILDING:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
DESCRIBE EXACT USE OF ALL PORTIONS OF EACH BUILDING AND LOT:			
PREVIOUS USE OF BUILDING:			

SECTION 2 – APPLICANT DUTIES
1. Applicant agrees to ensure that the Certificate of Occupancy shall be posted in all businesses, which will operate subject to the City's issuance of Certificate of Occupancy.

I, _____, hereby agree to comply with the above-described terms in this Application for
(APPLICANT)
Certificate of Occupancy.

(APPLICANT) (DATE)

FOR DEPARTMENTAL USE ONLY

<p>PLANNING ZONE: _____ APPROVED BY: _____ DATE: _____</p>	<p>FIRE APPROVED BY: _____ DATE: _____</p>
<p>BUSINESS LICENSE BUSINESS LICENSE # _____ APPROVED BY: _____ DATE: _____</p>	<p>PUBLIC WORKS / ENGINEERING APPROVED BY: _____ DATE: _____</p>
<p>BUILDING DEPARTMENT APPROVED BY: _____ DATE: _____</p>	<p>EASTERN MUNICIPAL WATER DISTRICT APPROVED BY: _____ DATE: _____</p>
<p>HEALTH DEPARTMENT APPROVED BY: _____ DATE: _____</p>	

REMARKS



CITY OF MENIFEE
BUILDING AND SAFETY DEPARTMENT
Tenant Disclosure Form

PERMIT No. _____

Property Address _____
Street Name/Number Area/Community zip code

Business name: _____

Suite name: _____

Occupancy group: _____

Square footage: _____

Type of construction: _____

Is the building equipped with fire sprinklers _____

Number of Employees: _____

Number and location of restroom facilities: _____

List any chemicals used or stored and quantities: _____

Are you making any improvements to the suite or building other than painting, papering, floor covering, movable cases, counters or partitions not over 5 feet 9 inches high? _____

Are you a new tenant? _____

Are you the first tenant? _____

Plans Required:

- ◆ If you are not doing any work that requires a permit, please provide four copies of a plot plan and a floor plan.
- ◆ If you are making other improvements, please see the Tenant Improvement Plan Requirements handout.

Signature

Print Name

Date

Circle One: Tenant / Owner / Contractor / Architect / Engineer