



**BUILDING AND SAFETY DIVISION
1685 MAIN STREET
SANTA MONICA, CA 90401
310-458-8355**

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Associated Permit Number:		Proposed Date of Occupancy:	
Job Address:		Zip Code	Unit Number
Property Owner's Name:		Phone No.	Fax No.
Street Address		City	State
Legal Name of Permit Holder		Phone No.	Fax No.
Street Address		City	State
Proposed Building Use(s) at Time of Final Occupancy: (Indicate all that apply.)			
<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Apartment	<input type="checkbox"/> Single Family Res.
Other-Specify _____			
Construction Type(s):	I-F.R.	II-F.R.	II-One Hour
<input type="checkbox"/> III-N	<input type="checkbox"/> IV-H.T.	<input type="checkbox"/> V-One Hour	<input type="checkbox"/> V-N
Sprinkler Type:		Bldg. Code Occupancy Grp.:	
<input type="checkbox"/> Non-Sprink	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	
Assembly Occupant Load:	Number of Units.	Total Square Footage	Building Height:
			Number of Stories.
# Parking Spaces Provided:	# Standard Parking Spaces Provided:	# Compact Parking Spaces Provided:	
# Van Accessible Spaces Provided:	# Non-Van Accessible Spaces Provided:	# Freight Loading Stalls Provided:	
Detailed Description of Work:			
Applicant's Name (Please Print):		Phone No.	Fax No.
Applicant's Street Address:		City:	State:
			Zip Code:
Applicant's Signature:		Date:	
Determination of Building Official			
Inspection By:		Inspection Date:	
		/ /	
Inspection Comments:			
Signature of Building Inspector:			Date: