



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

**APPLICATION FOR
 CERTIFICATE OF OCCUPANCY**

MUST BE FILLED OUT COMPLETELY. *NOTATED ITEMS ARE REQUIRED.

*Please Indicate Reason for Certificate.			
<input type="checkbox"/> Addition		<input type="checkbox"/> New Construction	
<input type="checkbox"/> Change of Use			
*Associated Permit Number / Date Finalized:		Proposed Date of Occupancy:	
*Job Address:		Zip Code	Unit Number
		Floor Number	
*Legal Owner's Name:		Phone No.	Fax No.
Street Address		City	State
		Zip Code	
Legal Name of Permit Holder:		Phone No.	Fax No.
Street Address		City	State
		Zip Code	
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.
<input type="checkbox"/> Other-Specify			
*Construction Type:		<input type="checkbox"/> I-A	<input type="checkbox"/> I-B
		<input type="checkbox"/> II-A	<input type="checkbox"/> II-B
		<input type="checkbox"/> III-A	<input type="checkbox"/> III-B
		<input type="checkbox"/> V-A	<input type="checkbox"/> V-B
		<input type="checkbox"/> Other-Specify	
*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.	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:	
STAFF USE ONLY			
Date Received:		Received By:	Plan Check Applied Date:
		Final Date:	
Certificate Needed:		Assigned to:	Date Completed: