



Building Department
12 Journey, Suite 100
Aliso Viejo, CA 92656
Phone (949)425-2540
Fax (949)425-3899
www.avcity.org

CERTIFICATE OF OCCUPANCY

CERTIFICATE OF OCCUPANCY REQUIREMENTS

(When NO Tenant Improvements are constructed, and previous certificate of occupancy was issued for the same)

1. Complete Certificate of Occupancy application form (NOTE: Application must be signed by the tenant and property owner or management company).
2. Complete Business Registration form.
3. Provide floor plan of space.
4. Provide site plan showing entire lot with location of building and location of suite within the building.
5. Obtain Planning Department approval.
6. Obtain Building Department approval.
7. Once approved by Planning and Building, a building inspection must be scheduled to verify no construction was done without permits and there are no code violations.
8. Application must be submitted in person to the Building Department between the hours of 7:30 am to 12:00 pm, Monday through Friday, closed every other Friday.

CITY OF ALISO VIEJO

CERTIFICATE OF OCCUPANCY APPLICATION

BUSINESS NAME:

BUSINESS ADDRESS:

TYPE OF BUSINESS:

DETAILED DESCRIPTION OF BUSINESS:

BUSINESS DAYS/HOURS:

OCCUPANCY SQUARE FOOTAGE:

CHECK APPLICABLE BOXES:

- CHANGE OF OWNER
- CHANGE OF BUSINESS NAME
- TENANT IMPROVEMENTS PERFORMED
- NO TENANT IMPROVEMENTS PERFORMED
- NEW TENANT

SQUARE FOOTAGE BY USE: (EX. OFFICE% / WAREHOUSE%, RETAIL%, STORAGE%)

NUMBER OF PARKING SPACES PROVIDED:

NUMBER OF EMPLOYEES:

NUMBER OF RESTROOMS:

OCCUPANCY GROUP:

OCCUPANCY LOAD:

TYPE OF CONSTRUCTION:

IS THIS BUILDING SPRINKLERED? YES / NO

IF YOU ANSWER "YES TO ANY QUESTIONS BELOW, PLEASE EXPLAIN IN DETAIL

YES

NO

WILL ANY TOXIC, HAZARDOUS, FLAMMABLE LIQUIDS, CHEMICALS OR ANY SOILD MATERIALS BE STORED AT THIS LOCATION?

WILL ANY MATERIALS OR CHEMICALS BE MANUFACTURED OR FABRICATED AT THIS LOCATION?

EXPLAIN: _____

OWNER OF BUSINESS

OWNER OF BUILDING OR MANAGEMENT COMPANY

NAME:

NAME:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

FAX:

FAX:

OWNER OF BUILDING OR MANAGEMENT COMPANY:

NAME (PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE:

BUSINESS OWNER'S NAME (PRINT) _____ TITLE: _____

BUSINESS ONWER'S SIGNATURE: _____ DATE: _____

PLANNING

APPROVED BY:

DATE:

CITY OF ALISO VIEJO



12 Journey, Suite 100, Aliso Viejo, CA 92656- 5335 Tel: 949.425.2500

Business Registration Form

Business Name _____

Business Owner/ Manager _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different)

Street Address _____

City _____ State _____ Zip _____

Phone Number of Business _____ Fax _____

Email _____

Website _____

Assistant Manager _____ Phone No. of Assistant Manager _____

Type of Business _____

Start Date _____ Number of Employees _____

Headquarter Location (if different)

Street Address _____

City _____ State _____ Zip _____

Home Based Business? Y/N

If yes, STOP here

Property Manager Contact Information

Name _____

Phone Number _____

Address _____

Email _____