



**CERTIFICATE OF OCCUPANCY**

City of Avenal

919 Skyline Blvd.  
Avenal, CA 93204  
Phone (559) 386-5766  
Fax (559) 386-0629

No. \_\_\_\_\_

Zoning Permit: \_\_\_\_\_ Building Permit: \_\_\_\_\_

Before a Business License can be issued to a new business or a new location for an existing business, a Certificate of Occupancy must be obtained. The Certificate of Occupancy allows the Fire, Building Departments to inspect the building to insure that health and safety standards are met. It also allows the Planning Department to inspect on and off site improvements for compliance with the City of Avenal Improvement Standards.

ADDRESS OF BUILDING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ACTIVITY: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

APPLICANT:		LOCAL PERSON TO BE CONTACTED
_____	Name	_____
_____	Address	_____
_____	City/Zip	_____
_____	Phone	_____

**GENERAL INFORMATION:**

Business area used for sales \_\_\_\_\_ sq. ft.

Number of Employees: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Will you be serving food? Yes \_\_\_\_\_ No \_\_\_\_\_ Food Vending Permit No. \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that statements furnished above are correct to the best of my knowledge and belief.

Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

**OFFICIAL USE ONLY**



Receipt Number: \_\_\_\_\_ Fee: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Planning Department**

Insp. \_\_\_\_\_  
Date: \_\_\_\_\_ No. \_\_\_\_\_  
Use: \_\_\_\_\_  
Zoning: \_\_\_\_\_  
Sq. Ft. \_\_\_\_\_

**Building Department**

Insp. \_\_\_\_\_  
Date: \_\_\_\_\_ No. \_\_\_\_\_  
Const: \_\_\_\_\_  
Occ Gr: \_\_\_\_\_  
Occ Ld \_\_\_\_\_

**Fire Department**

Insp. \_\_\_\_\_  
Date: \_\_\_\_\_ No. \_\_\_\_\_  
Fire Alarm: Yes No  
Sprinklers: Yes No  
Burg Alarm: Yes No

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- Building Permit Application
- Certificate of occupancy application

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business: \_\_\_\_\_ Facility

Address: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Will you, or future occupants, of the building be required to comply with the applicable requirements of Section 25505, 25533 and 25534 of the Health and Safety Code?

- Yes
- No

Is a permit, for construction or modification, from the air pollution control district or quality management district required for this project.

- Yes
- No

I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinance and State Laws relating to building construction, and hereby authorize representatives of the City, County and State to enter upon the aforementioned property for inspection purposes.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**TEMPORARY CERTIFICATE OF OCCUPANCY**

**No.** \_\_\_\_\_

Permission is granted to issue a business license for temporary occupancy. At the above address contingent upon (Deposit \$50.00 & \$15.00 to Kings County Fire Dept. 280 N. Campus Dr. Hanford, CA 93230) in cash, bond or other legal tender approved by the City prior to occupancy for the structure and agreeing to complete the following required improvements within the designated time period of \_\_\_\_\_ days or as specified by the conditions:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Failure to complete the above stated conditions in the allowed time may cause the revocation of your Certificated of Occupancy. The City, at its option, may complete said work and charge reasonable fee for completion of the same. The related cost and fees will be paid from the above deposit. I, the undersigned, understand and agree to the above stated conditions.

\_\_\_\_\_/\_\_\_\_\_  
**Agent or Authorized Signature      Date**

Method of Payment: \_\_\_\_\_  
Send Check or Release to:

\_\_\_\_\_/\_\_\_\_\_  
**Planning Representative      Date**

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
**Building Representative      Date**

\_\_\_\_\_/\_\_\_\_\_  
**Fire Department Representative      Date**