



CITY OF SANTA CLARITA
BUILDING & SAFETY DIVISION
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355 (661) 255-4935

Temporary Certificate of Occupancy Application

Proposed Business Information:

BUSINESS NAME:		PERMIT #
BUSINESS OWNER NAME:		PHONE #
BUSINESS ADDRESS:		EMAIL:
NAME OF COMMERCIAL CENTER:		
PROPERTY OWNER NAME:		PHONE #
MAILING ADDRESS:		EMAIL:
CITY:	STATE:	ZIP:

Applicant Information:

APPLICANT NAME:		PHONE #
APPLICANT TITLE:		
PROPOSED BUSINESS:		DATE OF OCCUPANCY:
PURPOSE OF EARLY OCCUPANCY:		

Insurance Information: Please attach a copy of Certificate of Liability Insurance to this application.

INSURANCE CARRIER FOR BUILDING:		POLICY #
AGENT:		PHONE #
BANK/LENDER:	BRANCH:	PHONE #

Building Information:

SQUARE FOOTAGE:	OCCUPANCY GROUP:	CONST. TYPE:
FIRE SPRINKLERED: YES <input type="checkbox"/> NO <input type="checkbox"/>		

I hereby agree to abide by all conditions of the Temporary C of O and understand that permanent occupancy is not approved for the above-referenced project until a permanent Certificate of Occupancy is issued by the City.

Applicant Signature: _____ **Date:** _____