

# CITY OF RANCHO SANTA MARGARITA

## Certificate of Use & Occupancy Permit Application/Update

BUSINESS INFORMATION	
Business Name: _____	
Business Address: _____	
Phone Number: _____	Fax Number: _____
Mailing Address: _____	
Web Site: _____	
Type of Business: _____	Standard Industry Code: _____
Detailed Description of Business: _____	
Business Hours and Days: _____	
Number of Employees: _____	Occupancy Load: _____
Number of Restrooms: _____	Occupancy Group: _____ Building Code Year: _____
Number of Parking Spaces: _____	Does this Building have fire sprinklers installed? No <input type="checkbox"/> Yes <input type="checkbox"/>
Total Existing Square Footage: _____	Tenant Improvement Area: _____
Square Footage By Use: _____ % Retail _____ % Office _____ % Storage _____ % Other _____	
Would you like a link from the City's web site? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Would you like to receive City Business Updates? No <input type="checkbox"/> Yes <input type="checkbox"/>	

INDUSTRIAL UTILIZATION	No	Yes
Will any toxic, hazardous, flammable liquids, chemicals or any solid materials be stored at this location?		
Will any materials or chemicals be manufactured or fabricated at this location?		
Does your business require a Storm Water Pollution Prevention Plan (SWPPP)?		
If YES, please provide date submitted to the City:		
IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN IN DETAIL (if necessary, use reverse side):		

CONTACT INFORMATION	
<p style="text-align: center;"><b>Business Owner</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>Building Owner or Management Company</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>Emergency Contact #1</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Cell Ph: _____</p>	<p style="text-align: center;"><b>Emergency Contact #2</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Cell Ph: _____</p>

**I certify that the above information is true to the best of my knowledge.**

Applicant Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

FOR CITY USE ONLY	
Planning	Approved By: _____ Date: _____
Building	Approved By: _____ Date: _____