



# Certificate of Occupancy (CO) Application

Please PRINT Clearly

**Application Fee... \$150.00/Existing Building    New Construction/Remodeling.... Fee \$50.00**

Tenant's (individual-not company) Name\*: \_\_\_\_\_

Tenant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\*A copy of a current government photo ID is required to be submitted for the tenant.

**NOTE:** If the applicant is a different person than the tenant, the following section must be completed by the applicant:

Applicant's (individual-not company) Name\*: \_\_\_\_\_

Applicant's Mailing Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\*A copy of a current government photo ID is required to be submitted for the applicant.

Business/Property Owner's (business or personal) Name: \_\_\_\_\_

Business/Property Owner's Representative (individual-not company) Name: \_\_\_\_\_

Representative's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

CO Location Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Please check only one:

- New Tenant**     **Expanding/Increasing Lease Space**
- Existing Business/New Owner**     **Shell Building/House Lights**
- Same Business Owner/New Business Name**     **Clean and Show** (Max 90 day utility release)

Please check only one:

- There is an Active Building Permit for this location**                      **Permit #** \_\_\_\_\_
- There is not an Active Building Permit for this location**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any deed restrictions or any state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.

All application fees for Certificate of Occupancy are non-refundable. The application review will not begin until all fees have been paid, addresses verified, and the correct number and types of plans, if any, are received.

Signature of Permit Applicant \_\_\_\_\_ DATE \_\_\_\_\_

Applicant Name (Printed) \_\_\_\_\_ Applicant is \_\_\_\_ Tenant or \_\_\_\_ Authorized Agent

Please answer the questions on the following page. **Incomplete applications will not be accepted.**

Would you like to:     Pick up the permit (after being notified that it is ready) **OR**  Have it mailed to the tenant's address

**Office Use Only**

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Fee: \_\_\_\_\_                      Initials: \_\_\_\_\_

1) Provide a specific description of the proposed use of the building, space or land:

2) Are you ready for an inspection? Please read page 3 for instructions on requesting inspections.

..... Yes, the building/space will be open all day tomorrow

..... NO, I will request the inspection at a later date

3) Is this CO location address served by its **OWN**: Electric Meter Yes No

Gas Meter Yes No

\*If applying for a "Clean and Show C/O," STOP here. All others; answer questions 4 – 31. \*

4) Proposed Business Name: \_\_\_\_\_

5) Building Construction Type \_\_\_\_\_ Building area (square feet) \_\_\_\_\_

6) Previous use (if known) \_\_\_\_\_

→ 7) Is this a Multi-Family location? ..... Yes No

a) If yes then complete addendum – ask for a copy

8) Is this a Storage Unit (mini warehouse facility)? ..... Yes No

a) If yes then complete addendum – ask for a copy

9) Are you enlarging a tenant space, combining suites or portions of suites? ..... Yes No

If yes, List lease Spaces being combined \_\_\_\_\_

10) Will you store, use, dispense, or mix flammable or combustible liquids excluding those used in the operation of equipment?..... Yes No

If yes, specify the type of product and the projected quantities and attach to application.

11) Will there be any spray painting on premises? ..... Yes No

12) Will you handle or use any hazardous or toxic chemicals such as but not limited to oxidizers, corrosive liquids, poisonous gases, and radioactive materials? ..... Yes No

If yes, specify the type and projected quantities and attach list

13) Will the principal use of the building or tenant Space be used for warehousing? ..... Yes No

a) If yes, what materials will be stored Attach list if necessary? \_\_\_\_\_

b) What percentage will be used for warehousing? \_\_\_\_\_%

c) Will the materials be stored in racks? ..... Yes No

d) How high will materials be stacked? \_\_\_\_\_ feet

14) Will the building be equipped with a fire sprinkler system or a standpipe system?..... Yes No

→ 15) Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, vending machines with dairy, meat or poultry products?..... Yes No

→ 16) Will alcoholic beverages be sold for consumption on the premises? ..... Yes No

17) Will sexually-oriented business or adult entertainment be conducted or be present on premises?..... Yes No

→ 18) Will the business have a dance floor located within the premise?..... Yes No

→ 19) Will the business operate any "arcade" type games?..... Yes No

20) Will a swimming pool be located on the premises? ..... Yes No

21) Will this facility be providing supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less than 24 hours? ..... Yes No

22) Will a septic tank, grease trap or sand trap be used on the premises? ..... Yes No

23) Are any Raw Materials Stored Outdoors? ..... Yes No

24) Will any manufacturing take place on the premises? ..... Yes No

25) Will any liquid wastes or sludge be generated which are not disposed of in the sewer system?..... Yes No

26) Will any form of waste water pre-treatment be utilized at this location? ..... Yes No

27) Will combustible dust be generated (sawdust, fine metal shavings, grain processing/storage, etc.)? ..... Yes No

28) Will used/second hand goods be stored, sold or distributed on the premises?..... Yes No

→ 29) Will recycling operations take place on the premises?..... Yes No

→ 30) Will automobiles, auto parts (new or used) or metals (new or used) be sold, distributed or stored on the premises?..... Yes No

31) Will buying, selling offering for sale to the public, consigning to be sold to the public, trading or otherwise dealing in motor vehicles or motor vehicle trailers or both with and to the public take place on the premises?..... Yes No

32) Is the storage of automobiles associated with a licensed auto dealer in the City of Pasadena? Yes No

If yes, list the name and address of the licensed dealer \_\_\_\_\_

33) Does the proposed use contain any industrial activity that would require permit authorization for its storm water discharge (EPA No Exposure Certification)..... Yes No

If yes, attach a copy of NPDES Form 3510-11 filed with the EPA.



## Certificate of Occupancy

### Application Review & Inspection Procedures

This page provides general information about the Certificate of Occupancy (CO) process. A building or tenant space may not be occupied, and the business may not be operated until the CO is issued. Making application for a CO is not a guarantee that a CO will be issued. Gas and/or electric utilities will not be released until all of the appropriate departments have approved the CO application. If picking up the CO; the **applicant** will need to pick up the issued CO at the Permit Counter after all the inspections are approved and they have been notified it is ready.

**Important** - if you are making application for a **new use** or a **use different than the previous use**, you may be asked for additional information such as existing & proposed floor plans, or parking analysis, etc. The inspection of the building/space may require that a building permit be obtained for compliance with all applicable codes and ordinances.

**Required Inspections:**

Department	New Tenant	New Owner	New Name	Clean & Show	Shell	Expanding
Building Insp.	X	X	X	X	X	X
Fire Dept.	X	X	X	X	X	X
Health	X	X				X
Planning	X				X	X
Sign	X	X	X			
Public Works	X				X	X

**ALL Inspections** – If you checked “**Yes, the building/space will be open all day tomorrow,**” the request will be scheduled for inspection for the next business day upon approval of the application. If you checked “**No, I will request the inspection at a later date,**” then you must schedule the inspection by calling (713) 475-5575 between 8am and 5pm OR leave a message at (713) 477-2800.

- ALL inspections will be performed between the hours of 8:30am & 5:00pm
- The building must be accessible for inspections and the applicant and/or representative must be present.

**Building Inspection Division**

- The Building Inspector will inspect the premises to verify compliance with building, plumbing, mechanical and electrical codes.

**Fire Marshal**

- The Fire Inspector will inspect the premises to verify compliance with Fire Codes.

**Health Department**

- Food establishments must submit floor plans & specifications
- Temporary Food Establishments may not operate at a fixed location for a period of time not to exceed (14) fourteen consecutive days
- The Health Inspector will inspect the premises for compliance with Health Codes and/or all applicable ordinances specific to the proposed use

**Planning Department**

- The Planning Inspector will inspect the premises for compliance with the Landscape Ordinance, the Off-Street Parking Ordinance and/or all applicable ordinances specific to the proposed use

**Sign Department**

- The Sign Inspector will inspect the premises for compliance with the Sign ordinance and sign operating license

**Questions on the previous page that are designated with the symbol ➔ will be required to apply for additional City operating license(s). Contact the permit department at (713) 475-5575 between the hours of 8am and 5pm for information regarding the application and process for the license(s).**



# Certificate of Occupancy

## Addendum for Apartment Complexes and Mini Warehouses

\_\_\_\_\_  
Primary or Office Address

\_\_\_\_\_  
Previous Name of Complex/Business

\_\_\_\_\_  
New Name of Complex/Business

For apartment complexes only:

1. Date current owner purchased property:  
\_\_\_\_\_

2. Do all buildings have a fire alarm system?  
 Yes       No

**\*\*PLEASE SPECIFY WHETHER GAS OR ELECTRIC FOR BILLING ADDRESSES\*\***

Building Address	Unit Number(s)	Square Footage		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL				