

BUSINESS REGISTRATION/

CERTIFICATE OF USE & OCCUPANCY REQUIREMENTS



IMPORTANT NOTE: THE FOLLOWING REQUIREMENTS APPLY TO:

- ALL COMMERCIAL BUILDINGS, SUITES AND SUBLET SPACES
- ADDRESSES WHERE **NO** TENANT IMPROVEMENTS ARE BEING MADE
- ADDRESSES WHERE PREVIOUS CERTIFICATE OF OCCUPANCY WAS ISSUED FOR THE SAME USE

REQUIREMENTS

1. ALL APPLICATIONS FOR THE BUSINESS REGISTRATION/CERTIFICATE OF OCCUPANCY WILL ONLY BE ACCEPTED AT THE CITY HALL FRONT COUNTER. MON-THUR 8:00 A.M. TO 12 NOON & 1:00 P.M. TO 4:00 P.M. AND FRIDAYS FROM 8:00 A.M. TO 12 NOON. (PLEASE NOTE: ALL APPLICATIONS RECEIVED VIA MAIL WILL BE PROMPTLY RETURNED)
2. A BUSINESS REGISTRATION/CERTIFICATE OF USE AND OCCUPANCY APPLICATION IS TO BE FILLED OUT ENTIRELY. (INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. ALL COMPLETED APPLICATIONS WILL BE REVIEWED OVER THE COUNTER BY THE BUILDING DIVISION.)
3. PLEASE PROVIDE ONE COPY OF A FLOOR PLAN FOR STAND-ALONE BUILDINGS OR ONE SITE PLAN INDICATING THE LOCATION OF THE OFFICE SUITE WITHIN THE BUILDING, FOR PLANNING & BUILDING DIV. REVIEW.
4. FOR OTHER THAN OFFICE SUITES; YOU WILL NEED TO OBTAIN A "WILL SERVE LETTER" FROM THE GOVERNING WATER DISTRICT. PLEASE CONTACT SANTA MARGARITA WATER DISTRICT (949-459-6648) or TRABUCO CANYON WATER DISTRICT (949-858-0277) FOR FURTHER INFORMATION.
5. PLANNING DIVISION APPROVAL IS REQUIRED.
(CONTACT THE COMMUNITY DEVELOPMENT DEPARTMENT AT 949-635-1800)
6. A ONE TIME FEE OF **\$186.48** WILL BE COLLECTED WITH THE APPLICATION AND CAN BE PAID BY CREDIT CARD, CASH, OR A CHECK MADE OUT TO CIY OF R.S.M.
6. YOU MUST SCHEDULE AN INSPECTION WITH THE CITY BUILDING & SAFETY DIVISION BY CALLING 949-635-1800 EXT 6100 WITHIN 180 DAYS OF APPLICATION.
7. ONCE THE INSPECTION HAS BEEN COMPLETED; YOUR APPLICATION WILL BE PROCESSED; A CERTIFICATE CREATED; AND BE MAILED OUT TO APPLICANT WITHIN 2-4 WEEKS OF FINAL INSPECTION DATE.

CITY OF RANCHO SANTA MARGARITA

Certificate of Use & Occupancy Permit Application/Update

BUSINESS INFORMATION	
Business Name: _____	
Business Address: _____	
Business Phone: _____	
Mailing Address: _____	
Website: _____	
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 _____	

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