



# City of Maywood

4319 E. Slauson Ave, Maywood CA, 90270

Phone (323)562-5700 – Fax (323)773-2806

## APPLICATION FOR CERTIFICATE OF OCCUPANCY

This form is an application only. Issuance of this application does not imply a right to occupy until proper inspections and approvals are given. **DO NOT** open for business until your occupancy application is approved, a Certificate of Occupancy has been issued, and a Business License has been paid for. You must call the Building Department for inspection at (323)562-5723.

- **BUSINESS LICENSE AND CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL ALL INSPECTIONS ARE COMPLETED.**
- **PLEASE ATTACH A SITE PLAN AND LEASE AGREEMENT OF PROPOSED BUSIENSS.**
- **INSPECTIONS ARE HELD MONDAY - FRIDAY FROM 10AM - 12PM.**
- **THIS APPLICATION IS GOOD FOR SIXTY (60) DAYS ONLY.**

Applicant: \_\_\_\_\_ Business Address: \_\_\_\_\_ Maywood, CA 90270

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

Business Owner: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Taxpayer ID No. \_\_\_\_\_ State Resale Permit No. \_\_\_\_\_

Property Owner (Name, address, phone)

\_\_\_\_\_

Proposed Use of Building (Include detailed description of business activity and equipment to be used or installed)

\_\_\_\_\_

Is the building currently being occupied by you? (If yes, please explain): \_\_\_\_\_

\_\_\_\_\_

Type of Business (Describe in Detail): \_\_\_\_\_

Proposed Tenant Improvements, if any: \_\_\_\_\_

Square Footage of Building: \_\_\_\_\_  Up to 5,000sq ft: \$186  5,001-10,000sq ft: \$224  
 10,001-100,000sq ft: \$372.40  Over 100,001sq ft: \$564.10

*I HEREBY CERTIFY THAT I have examined this completed application and the statements herein are true and correct, and that all work shall be done in accordance with all applicable City, County and State laws.*

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Signature of Business Owner/Authorized Agent

### OFFICE USE ONLY

Building Department: \_\_\_\_\_

Date: \_\_\_\_\_

Planning Department: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Health Department: \_\_\_\_\_

Zoning \_\_\_ Corrections \_\_\_\_\_

**SCHEDULED INSPETION DATE:** \_\_\_\_\_