



City of Hughson
Building Safety Division
 7012 Pine Street
 Hughson, CA 95326
 (209) 883-0811

OFFICIAL USE ONLY

Planning Approval	By: _____	Date: _____
Building Approval	By: _____	Date: _____
Other _____	By: _____	Date: _____

OCCUPANCY PERMIT APPLICATION

➔ Business Name: _____ Business Address: _____

Gross Floor Area (total floor area): _____ Sq. Ft. Net Floor Area (actual occupied area): _____ Sq. Ft.

➔ Property Owner(s):

Name(s): _____ Tel No: _____

Mailing Address: _____

➔ Tenant(s) or Business Owner(s)

Name(s): _____ Tel No: _____

Mailing Address: _____

➔ Business Information

Proposed business activity at location: _____

Previous business activity at location (if known): _____

Have you applied for a city business license? **Yes** or **No** Business License Number: _____

Have you applied for Health Department Clearance? **Yes** or **No** (SEE NOTE BELOW)

NOTE: If your business requires Health Department approval, you must submit proof prior to Certificate of Occupancy issuance.

➔ **Read and initial each statement below to signify your understanding:**

_____ Application for occupancy approval is not associated with a building permit nor does it grant authorization to commence any activity for which a building permit is required as referenced in HMC 15.04.035.

_____ Information provided will be reviewed to determine use and occupancy compatibility. Failure to provide the required information listed on this application or any subsequent information requested may result in a delay or denial of certificate issuance.

_____ Minor building modifications may be required in order to comply with laws enforced by this department.

_____ Substantial building alterations may be required for Incompatible occupancies.

_____ The Certificate of Occupancy must be posted in a conspicuous place at the place of business.

➔ I have read this occupancy permit application and the information I have provided is correct.
 I agree to comply with all applicable city and county ordinances and state laws relating to occupancy requirements.
 I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Applicant Signature: _____ **Date:** _____