



CITY OF MILPITAS

455 East Calaveras Boulevard, Milpitas, California 95035-5479 – www.ci.milpitas.ca.gov

Building & Safety Department
(408) 586-3240

APPLICATION FOR OCCUPANCY PERMIT

BUILDING FEE	\$ 260.00	
FIRE FEE	\$ 143.00	(Effective January 01, 2009)
AUTOMATION FEE	\$ 10.08	(Effective July 01, 2006)
TOTAL FEE	\$ 413.08	

1. Business Name: _____ Today's Date: _____
2. Business Address: _____
3. Phone No.: _____ Fax No.: _____ Cell No.: _____
4. Applicant Name: _____ Date Business Starts: _____
5. Email Address: _____
6. Building Owner's Name: _____
7. Building Owner's Address: _____

Street
City
State
Zip
8. Phone No.: _____ Fax No.: _____ Cell No.: _____
9. Briefly describe your business (retail sales, storage of warehouse/distribution, manufacturing of...) _____

10. Please describe what activities are conducted in each room or area of your business (you may exclude general office, bathrooms, conference room): _____

11. What was the name of the previous tenant: _____
12. Briefly describe their business: _____

13. Will you be making any improvements to the space, installing shelving over 6 feet high or installing equipment?

Yes _____ No _____

If Yes, please describe: _____

PLEASE NOTE: No building, structure, or building service equipment regulated by the Milpitas Municipal Code and the technical codes shall be erected, constructed, enlarged, altered, repaired, moved, improved, removed, converted or demolished unless a separate, appropriate permit for each building, structure or building service equipment has first been obtained from the Chief Building Official.

14. Are you required to obtain a "CONDITIONAL USE PERMIT" or other APPROVALS from the Milpitas Planning Division to operate this business at this location?

Yes _____ No _____

(If you are unsure or wish additional information, please contact the Planning Division at 408-586-3279).

15. Are hazardous materials to be used or stored in conjunction with this business?

Yes _____ No _____

(If you are unsure or wish additional information, please contact the Fire Prevention Bureau at 408-586-3365).

16. Are you required to have permits or clearances from any of the following agencies to operate your business at this location? (If you are unsure or wish additional information, please contact the agency at the number listed below.)

Regional Water Quality Control Board (RWQCB)	Yes ___	No ___	510-622-2300
Bay Area Air Quality Management Division (BAAQMD)	Yes ___	No ___	415-771-6000
County Hazardous Materials	Yes ___	No ___	408-918-3400
San Jose/Santa Clara Water Pollution Control	Yes ___	No ___	408-945-3000
County Department of Environmental Health	Yes ___	No ___	408-918-3400

If yes is checked to any of the above, a certificate of occupancy cannot be issued until the appropriate clearance have been submitted to the Building & Safety Department.

THE INFORMATION CONTAINED HEREIN IS FAMILIAR TO ME AND TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE. **APPLICANT SHALL BE THE OPERATOR OF THE BUSINESS.**

APPLICANT _____
Print Name Title Signature Date

_____ This is an existing business and only the name of the business is changing. The ownership remains unchanged. (Total fee is \$206.54).

_____ This is an existing business and there is only a minor change in the ownership structure. No changes in the business operation is being made. (Total fee is \$206.54).

Planning Approval: _____ Date: _____ Land Use Zone: _____

Conditions of Use: _____