City of El Segundo Building & Safety Division
350 Main Street, El Segundo, CA 90245
(310) 524-2338

APPLICATION FOR CERTICATE OF OCCUPANCY

Associated Permit Number:	**Proposed Date of Occupancy:**		
Job Address:	**Zip Code:**	**Unit Number:**	**Floor Number:**
Property Owner's Name:		**Phone No.:**	**Fax No.:**
Street Address:	**City:**	**State:**	**Zip Code:**
Legal Name of Permit Holder:		**Phone No.:**	**Fax No.:**
Street Address:	**City:**	**State:**	**Zip Code:**

Proposed Building Use(s) at Time of Final Occupancy (check all that apply):

☐ **Office** ☐ **Retail** ☐ **Apartment** ☐ **Single Family Res.** ☐ **Other-Specify**

Construction Type(s): ☐ **IA** ☐ **IB** ☐ **IIA** ☐ **IIB** ☐ **IIIA**
☐ **IIIB** ☐ **IVHT** ☐ **VA** ☐ **VB** ☐ **Unknown**

Sprinkler Type: ☐ **Non-Sprink** ☐ **Fully** ☐ **Partially**				**Bldg Code Occupancy Group.:**
Assembly Occupant Load:	**Number of Units:**	**Total Square Footage:**	**Building Height:**	**Number of Stories:**

# Parking Spaces Provided:	**# Standard Parking Spaces Provided:**	**# Compact Parking Spaces Provided:**
# Van Accessible Spaces Provided:	**# Non-Van Accessible Spaces Provided:**	**# Freight Loading Stalls Provided:**

Detailed Description of Work:

Applicant's Nam e (Please Print):		**Phone No.:**	**Fax No.:**
Applicant's Street Address:	**City:**	**State:**	**Zip Code:**
Applicant's Signature:		**Date:**	

DETERMINATION OF BUILDING OFFICIAL

Inspection By:	**Inspection Date:** / /
Inspection Comments:	
Signature of Building Inspector:	**Date:**