



City of Pomona — Building and Safety Division

Application for Certificate of Occupancy

Please complete the following application:

CERTIFICATE OF OCCUPANCY
 TEMPORARY CERTIFICATE OF OCCUPANCY

Reason for Temporary Certificate of Occupancy:

ADDRESS: _____ PERMIT NUMBER: _____

OCCUPANT INFORMATION:

BUSINESS NAME: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PERFERRED CONTACT : PHONE EMAIL SPRINKLERS: YES NO

******* ITEMS ARE REQUIRED *******

COMMERCIAL BUILDING:

OCCUPANCY LOAD: _____
 TYPE OF CONSTRUCTION: _____
 TYPE OF BUSINESS: _____
 OCCUPANCY GROUP: _____

RESIDENTIAL BUILDING:

TYPE OF CONSTRUCTION: _____
 OCCUPANCY GROUP: _____
 DESCRIPTION: _____

*I certify that I have read the statements contained in this application and that they are true and correct.
 With my signature I confirm I make this statement under penalty of perjury.*

Signature

Date

SPECIAL REQUIREMENTS:	AMOUNT OF TIME GIVEN	DEPARTMENT REQUESTED

	DEPARTMENT	PRINT NAME	SIGNATURE	DATE
1	PLANNING			
2	FIRE DEPARTMENT			
3	TRANSPORTATION/PW			
4	ENVIRONMENTAL			
5	WATER ENGINEERING <small>*Prior to sign off: Fire must be signed off and Backflow</small>			
6	PARKS <small>*ONLY when Street Trees are included in Project.</small>			

***Once signatures have been obtained by all departments above, please return to Building Department for the final review.**

7	INFRASTRUCTURE			
8	BUILDING			

APPLICANT SHALL CONTACT EACH DEPARTMENT/DIVISION FOR THEIR REQUIRMENTS:

PLANNING DIVISION 909-620-2191	Main Line	WATER RESOURCES DEPARTMENT 909-620-2251	Main Line
FIRE DEPARTMENT 909-620-2402	Fred Stowers	PUBLIC WORKS – ENVIRONMENTAL 909-620-2285	Carmen Barsu
PARKS AND RECREATION 909-620-2223	Michael Sledd	PUBLIC WORKS DEPARTMENT 909-620-2285	Carmen Barsu
BACKFLOW INSPECTOR 909-620-2236	Melissa Cansino	BUILDING DEPARTMENT 909-620-2367	Gil Petris