



**CITY OF MISSION VIEJO**  
**BUILDING SERVICES DIVISION**  
200 CIVIC CENTER,  
MISSION VIEJO, CA 92691  
(949) 470-3054

# **CERTIFICATE OF OCCUPANCY REQUIREMENTS**

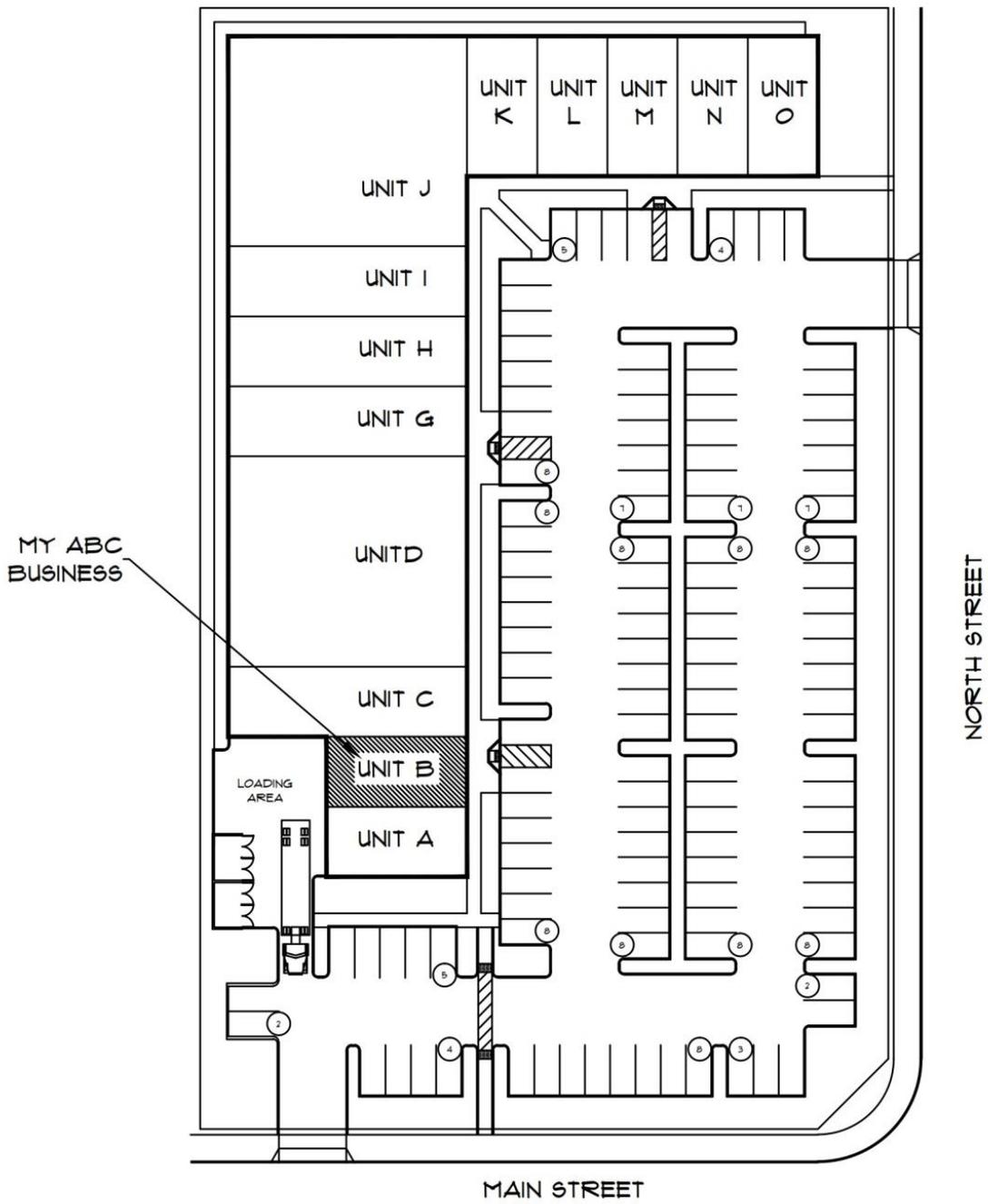
## **WHEN NO PHYSICAL IMPROVEMENTS ARE CONSTRUCTED AND PREVIOUS CERTIFICATE WAS ISSUED FOR THE SAME USE.**

Applications for Certificate of Occupancy must be submitted at the City's front counter; applications will **not** be accepted via mail or email. Please call 949-470-3054 for directions, questions and counter hours. **Please submit all of the following; incomplete submittals will not be accepted:**

- 1) Complete Certificate of Occupancy Application (see attached application)
  - a. Include Occupancy Class (the purpose/use of space occupied)
  - b. Construction Type (IA, IB, IIA, IIB, IIIA, IIIB, IV, VA, VB)
  - c. Indicate if building is equipped with fire sprinklers or not
  
- 2) Submit a letter, typed or legibly printed containing the following information:
  - a. Business Name and Business Owner Contact Information
  - b. Brief Description of Business
  - c. Square footage of tenant space (indicate office sq ft and warehouse sq ft, if applicable)
  - d. Number of employees on the largest shift
  - e. **NOTE:** that no construction or alteration of any building, structure, and electrical, mechanical or plumbing work will be performed. (If such work is/was performed without permits this application will become void and a tenant improvement application and plans must be submitted)
  - f. Letter must be signed by applicant and/or business owner
  
- 3) One Copy of the Site Plan (see attached sample)
  - a. Plan showing entire lot with location of building and of suite within the building
  
- 4) One Copy of the Floor Plan (see attached sample)
  - a. Include interior layout of permanent fixtures and all furniture
  - b. Label use of each room, i.e. Lobby, Exam Room, Office, etc.
  - c. Automotive shops must submit electrical and mechanical plans along with floor plans; these plans are subject to plan check.
  
- 5) A \$217 Processing Fee is due at submittal of application.

**NOTE: Nonfixed and movable fixtures, cases, racks, counters and partitions over 5 feet 9 inches in height require a building permit. 2013 CBC Section [A] 105.2 (13)**

Applicant/owner will be contacted upon approval of application to pick up inspection card at front counter. Inspection must be scheduled within 180 days to complete the process.



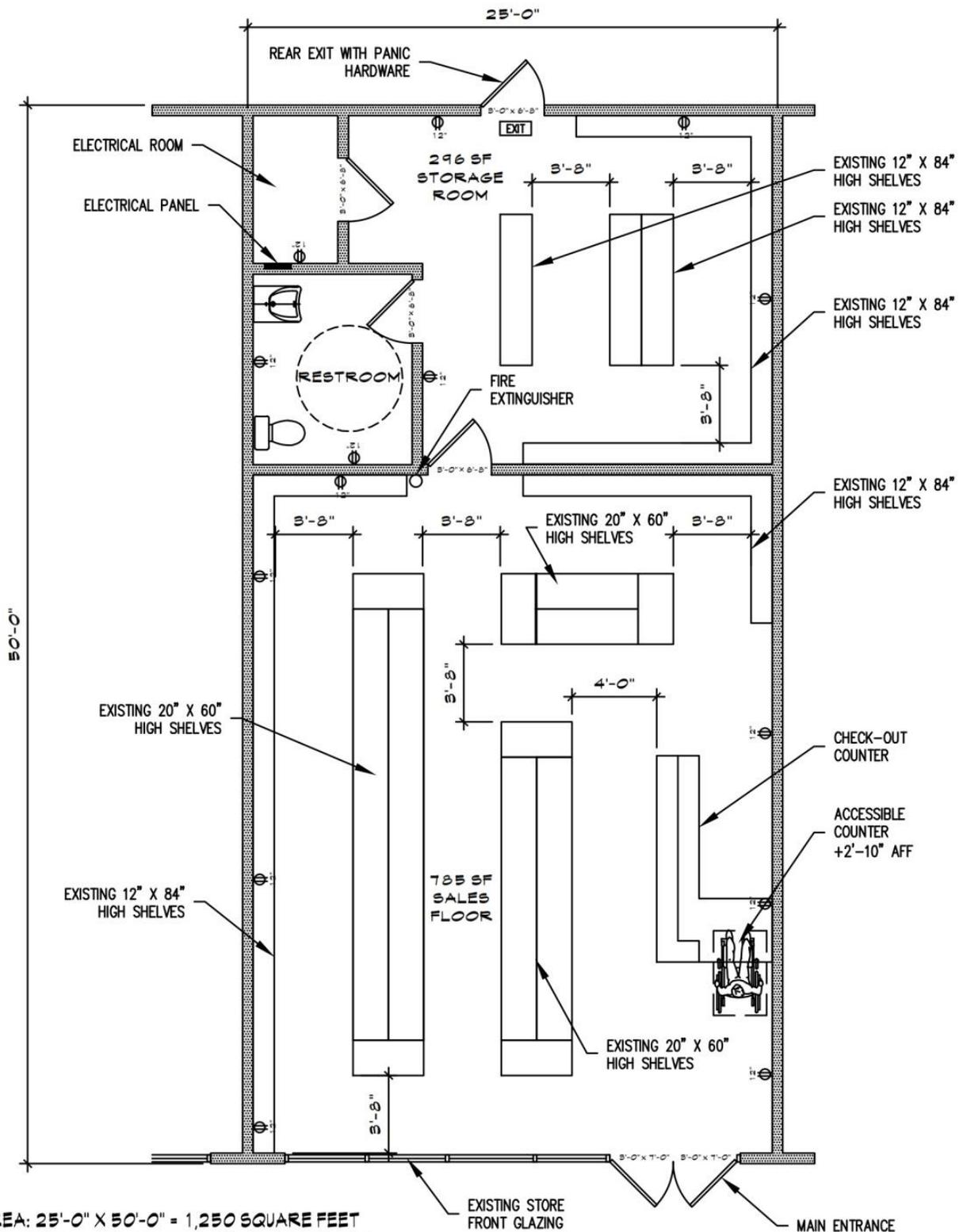
FLOOR AREA: 25'-0" X 50'-0" = 1,250 SQUARE FEET  
 TYPE OF CONSTRUCTION: VB  
 AUTOMATIC SPRINKLERED: YES  
 TOTAL PARKING: PROVIDED 126



**SAMPLE COMMERCIAL SITE PLAN**  
 HELP FOR THE BUSINESS OWNER  
 MISSION VIEJO BUILDING DIVISION

Jay Elbetta	10/21/2015
Building Official	Date
Date:	Page 2 of 5





FLOOR AREA: 25'-0" X 50'-0" = 1,250 SQUARE FEET  
 OCCUPANCY CLASS: M (MERCANTILE) & S (STORAGE)  
 OCCUPANT LOAD - MERCANTILE 785 SF/60 = 13  
 OCCUPANT LOAD - STORAGE: 296 SF/300 = 1  
 OCCUPANT LOAD TOTAL: 14  
 TYPE OF CONSTRUCTION: VB  
 AUTOMATIC SPRINKLERS: YES



SAMPLE FLOOR PLAN FOR A MERCANTILE (M) OCCUPANCY  
 HELP FOR THE BUSINESS OWNER  
 MISSION VIEJO BUILDING DIVISION

Jay Elbettar 10/21/2015  
 Building Official Date  
 Date: Page 4 of 5



# Certificate of Occupancy Application

## Change of Use/Tenant

City of Mission Viejo  
200 Civic Center

**This application is not intended for the construction or alteration of any building or structure, electrical, mechanical or plumbing work.**

**BUSINESS NAME:**

**BUSINESS ADDRESS:** (SPECIFY SUITE NO. IF APPLICABLE)

**BUSINESS PHONE NUMBER:**

**CONTACT NUMBER:**

**DETAILED DESCRIPTION OF PROPOSED USE:**

**PREVIOUS USE:**

**BUSINESS OWNER:**

NAME:

ADDRESS:

PHONE:

EMAIL:

**PROPERTY OWNER OR PROPERTY MANAGEMENT CO:**

NAME:

ADDRESS:

PHONE:

**BUSINESS DAYS/HOURS:**

**OCCUPANCY CLASS:**

**CONSTRUCTION TYPE:** (CIRCLE ONE)

IA IB IIA IIB IIIA IIIB IV(HT) VA VB

**SPRINKLERS IN BLDG:** (CIRCLE ONE)

YES NO

**SQUARE FOOTAGE DEVOTED TO THIS USE:** (i.e. OFFICE, WAREHOUSE, RETAIL, STORAGE, etc...)

**NUMBER OF OFF STREET PARKING SPACES PROVIDED:**

**MAXIMUM NUMBER OF EMPLOYEES:**

**MAXIMUM NUMBER OF OTHER PERSONS:** (i.e. PATRONS, PATIENTS, CLIENTS, etc...)

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE:**

**SIGNATURE:**

**DATE:**

### FOR OFFICE USE ONLY:

**PLANNING:**

DATE:

ZONING:

DESCRIPTION:

CONDITIONS:

**BUILDING:**

DATE:

CONDITIONS:

**PUBLIC WORKS:**

DATE:

CONDITIONS:

**PUBLIC SERVICES:**

DATE:

CONDITIONS: