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115 South Robinson Street
Tehachapi, CA 93561-1722

www.liveuptehachapi.com

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Name of Business _____		Date _____
Street Address _____		Phone No. _____
Name of Applicant _____	Phone No. _____	Responsible for Utility Payment: Y or N
Email _____	Floor Area _____ sq. ft.	
Detailed Description _____		
Property Owner _____	Phone No. _____	Responsible for Utility Payment: Y or N

OFFICE USE ONLY

BUILDING & PLANNING ONLY

Existing Building Occupancy _____	Proposed Building Occupancy _____
Existing Land Use _____	Proposed Land Use _____

RETURN TO DEVELOPMENT SERVICES WHEN APPROVED

1. Building Department _____ Date _____ Comments _____
2. Fire Department _____ Date _____ Comments _____
3. Health Department _____ Date _____ Comments _____
4. Planning Department _____ Date _____ Comments _____
5. Utility Billing Department _____ Date _____ Comments _____
6. Police Department _____ Date _____ Comments _____
7. Utilities Department _____ Date _____ Comments _____

Backflow:

Is there backflow protection onsite? Yes _____ No _____
If yes, is the assembly current on annual testing? Yes _____ No _____ Date of last testing _____
If no, does this change of occupancy require backflow protection? Yes _____ No _____
Notice to Install Letter sent? Yes _____ No _____

Industrial Waste:

Industrial Waste Discharge Questionnaire Completed? Yes _____ No _____
Is an Industrial Waste Discharge Permit Applicable? Yes _____ No _____ Permit issued on _____

Comments: _____

