



CITY OF SONORA OCCUPANCY PERMIT APPLICATION

Fee: \$30.00

Paid Check # _____ or Cash

NAME OF BUSINESS: _____ PHONE: _____
ADDRESS: _____

BUSINESS OWNERS NAME: _____ PHONE: _____
ADDRESS: _____

PROPERTY OWNER'S NAME: _____ PHONE: _____
ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

ARE THERE OR WILL THERE BE ADDITIONAL BUSINESSES OPERATING AT THIS LOCATION? YES NO

(IF YES, PLEASE PROVIDE BUSINESS DETAILS ON THE BACK OF THIS FORM)

The City requires an applicant for a business license to obtain an occupancy permit before a license can be issued. An inspection of the premises shall be required before the occupancy permit is issued. All inspections shall be by appointment only, 24 hours in advance of issuance of the occupancy permit. **NOTE: SEE ATTACHMENT "A" CHECKLIST FOR MINIMUM INSPECTION REQUIREMENTS. CORRECTIONS THAT REQUIRE A FOLLOW-UP INSPECTION WILL BE CHARGED A REINSPECTION FEE OF \$60.00 PER HOUR (MINIMUM 1 HOUR), DUE PRIOR TO OCCUPANCY SIGN OFF.** Contact the City of Sonora Community Development Department at (209) 532-3508, to request the inspection at least 24 hours prior to your desired inspection date. **BUSINESS IS NOT OPEN TO THE PUBLIC UNTIL OCCUPANCY HAS BEEN APPROVED.**

An occupancy permit will be attached with the issuance of a business license for compliance with the Community Development Department, Building Official and Fire Department.

CHANGES TO THE BUILDING: YES NO
SIGNS: YES NO
STORAGE OF HAZARDOUS MATERIALS: YES NO

I certify that the above information is true and correct to the best of my knowledge and have read and agreed to the requirements mentioned within.

Applicant's Signature _____ Date: _____

APPROVALS

(To be completed by the City of Sonora)

COMM. DEV'T. DEPT: _____ DATE: _____

REMARKS/ZONING: _____

BUILDING OFFICIAL: _____ DATE: _____

REMARKS: _____ 2ND Occupancy

FIRE DEPARTMENT: _____ DATE: _____

REMARKS: _____

ACCOUNT NUMBER: 303-04103-001

ADDITIONAL BUSINESS DETAILS:

ARE OTHER BUSINESSES CURRENTLY OPERATING AT THIS LOCATION? YES NO

IF YES, PROVIDE NAME OF ADDITIONAL BUSINESS(S) AT THIS LOCATION:

IF YES, PROVIDE BUSINESS OWNER'S CONTACT INFORMATION AND A DETAILED DESCRIPTION OF THE BUSINESS.
