

CITY OF SIMI VALLEY

Certificate of Occupancy Application Packet

This application packet contains all the information necessary to apply for your certificate of occupancy. All applicants are required to complete the application for Certificate of Occupancy, and to obtain all listed Departments and Agencies signatures of approval.

After the required signatures have been obtained, you will need to contact your project Building Inspector for final inspection, and any further or additional instructions related to your project.

It is the applicant's responsibility to make contact with all listed departments and agencies on the application form, for any additional instructions that may be required. If you should have any questions please contact the appropriate department or agency.

City of Simi Valley

Application for Certificate of Occupancy (801 Form)

Developer/Owner/Business: _____ Phone: _____

Zone Clearance Number: _____

Assessor's Parcel Number: _____ SUP/PD/Tract Number: _____

Project Address: _____ Job Superintendent: _____

Building Inspector: _____ Project Final Inspection: _____

Prior to the Issuance of the Certificate of Occupancy by the Building and Safety Division, a representative from the following City Departments and County agencies must sign below indicating satisfaction with its requirements or mark Not Applicable (NA) and initial. If you receive a NA by phone provide the name and phone number of the person allowing the approval. The building shall not be occupied prior to the issuance of a Certificate of Occupancy unless otherwise authorized by Building the Official.

Departments/Agency	Signatures of Representative	Date
County of Ventura Fire Prevention District (805)-389-9710	_____	_____
Ventura County Environmental Health (2) (805) 654-2813	_____	_____
Simi Valley Police Department (805) 583-6952	_____	_____
Department of Administrative Services (3) Business Tax Division (805) 583-6736	_____	_____
Department of Public Works/ Sanitation Source Control (805) 583-6400 (1)	_____	_____
Department of Public Works/ Inspection Division (805) 583-6786	_____	_____
Department of Environmental Services Planning Division (805) 583-6769	_____	_____
Other	_____	_____

After the above signatures have been obtained, contact the project building inspector for the building's final inspection, release for utilities and approval to occupy.

Department of Environmental Services/
Building and Safety Division
(805) 583-6723

- (1) Not required for single family residences (R-3).
- (2) Required for all food preparation distribution and/or processing, and public swimming pools.
- (3) Submit subcontractor's list to Business Tax Division, per Simi Valley Municipal Code, Title 3, Chapter 1, Section 3-1.102; and obtain approval on this form (see attachment). *The review of subcontractor's list may require up to ten (10) working days to process, please make plans to allow for this processing time.*

CITY OF SIMI VALLEY

Business Tax Division - Subcontractor's List

Prior to approval for a Certificate of Occupancy, for any building or project, the project, the permit applicant or owner is required to complete this Form and submit it to the Business Tax Division. Verification that the general contractor and all specialty and sub-contractors (contractors) have met the requirements according to the State of California, Assembly Bill No. 2710 and the Simi Valley Municipal Code, Title 3, Chapter 1, Section 3-1.102

It is the responsibility of the permit applicant, or owner to require all contractors contacted, to work within the City to obtain a Business Tax Receipt from the Business Tax Division, before any work commences.

As part of the Certificate of Occupancy process the attached Forms shall be completed and shall include any and all contractors that will perform work. The contractors list shall include, but shall not be limited to the following types:

General Engineering	General Contracting	Insulation and Acoustical
Boiler	Hot Water Heating	Cabinet and Mill Work
Low Voltage	Concrete	Drywall
Electrical	Elevator Installation	Earthwork and Paving
Fencing	Metal Roofing	Flooring and Floor Covering
Glazing	Heating & A/C	Fire Protection Engineering
Ornamental Metals	Lathing	Building, Moving & Demolition
Landscaping	Masonry	Parking & Highway Improvements
Painting & Decorating	Pipeline	Plastering
Plumbing	Refrigerating	Roofing
Sanitation	Sheet Metal	Electrical Signs
Solar	Steel, Reinforcing	General Manufactured Housing
Reinforcing	Steel, Structural	Swimming Pools
Welding	Water Conditioning	Well-Drilling (Water)
Limited Specialty	Architect	Tile (Ceramic & Mosaic)
Designer	Consultants	Engineers

The following forms shall be completed and approved before the application for Certificate of Occupancy will be signed.

Please Circle the Type of Construction:

Residential

Commercial

Industrial

Job Site Address: _____

Owner: _____

Permit Application: _____

Construction Will Commence On or Approximately: _____

Tentative Completion Date: _____

*****Specialist and Sub-Contractors*****

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contractor's Lic. No.: _____

Type of Business: _____

Simi Valley Business Tax. No.: _____