



Planning and Building Agency
Planning Division
20 Civic Center Plaza
P.O. Box 1988 (M-20)
Santa Ana, CA 92702
(714) 647-5804
www.santa-ana.org

CERTIFICATE OF OCCUPANCY SUPPLEMENTAL QUESTIONNAIRE

Please turn in this completed form with your Certificate of Occupancy application.

Company Name (Print): _____

Contact Name: _____

Address (business mailing address): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

1. What was the previous use of the space you wish to lease? *(Please contact the leasing agent or building owner to determine prior business use.)*
2. Has the building or space been vacant or is this a new building? Yes ☐ No ☐
If vacant, for how long? _____
3. Are you the primary tenant? Yes ☐ No ☐
4. Do you sublease from an existing tenant? Yes ☐ No ☐
5. Are you an independent contractor? Yes ☐ No ☐
6. Location of the business and suite number: _____
☐ 1st floor ☐ 2nd floor ☐ ____ floor
7. Do you share the floor or business entrance with another business? Yes ☐ No ☐
8. What is the amount of square footage leased? _____
9. How much of the space, which you lease, is office?
☐ 100% ☐ 50% ☐ 30% ☐ Less than 30%
If other than 100%, how is the remaining space used?

10. Please provide a brief description of how the business operates at this site (for example, please describe the general nature of the business, what activities occur on-site, the hours of operation, open to the public).

11. Will your business include a lobby or waiting area? Yes ☐ No ☐

If yes, what will be the dimensions?

12. Do you store equipment, materials, or products within the building? Yes ☐ No ☐

Will there be outdoor storage of equipment, materials, or products? Yes ☐ No ☐

If yes, please describe:

13. Do you manufacture a product at the site? Yes ☐ No ☐

If yes, please describe:

14. Do you plan on making any improvements to the building such as: exterior painting, signage, interior tenant improvements? Yes ☐ No ☐

If yes, please describe:

Does the proposed use involve a patient care profession, such as doctor, dentist, chiropractor, acupuncturist, or physical therapist? Yes ☐ No ☐

15. Is the proposed use within the mental health profession, such as:

☐ No/Not Applicable ☐ Psychologist ☐ Psychiatrist
☐ Social worker ☐ Other _____

16. Is counseling proposed as a part of your business operation? Yes ☐ No ☐
Does your counseling business contract work with a public agency? Yes ☐ No ☐

If yes, please describe:

17. Will your business be offering the following services:

- ☐ Alcohol sales ☐ Smoking Lounge ☐ Tattoos/ Permanent make-up
☐ Body piercing/ Ear piercing ☐ None of the above

18. Will your business be offering massages as part of your business operation? This includes massage as ancillary to pedicures, manicures, and other services.

Yes ☐ No ☐

19. Is medical marijuana stored or dispensed at your business? Yes ☐ No ☐

20. Do you prepare or sell food for consumption on or off the property? Yes ☐ No ☐
If yes, do you provide sit down service ☐, drive-through ☐, or orders to go/pick-up ☐?

Please explain:

21. Does your business sell automobiles or motorcycles? Yes ☐ No ☐

If yes, please explain:

22. Does your business service or repair vehicles or install equipment and accessories into vehicles? Yes ☐ No ☐

If yes, please explain:

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

Print Name

Title

Information

The Planning Division's Public Counter is open for walk-up customers from 8:00 a.m. to 4:00 p.m., Monday through Friday, except Wednesday 10:00 a.m. to 4:00 p.m. The Planning Division is located within City Hall – Ross Annex, 20 Civic Center Plaza, First Floor. Additionally, you may call us at (714) 647-5804 should you require any general information.

The Planning Division reviews Certificate of Occupancy requests for change of address, new businesses, or expansions to ensure that the proposed use is consistent with the established zoning regulations of Santa Ana. Please check with the Planning Division's Public Counter prior to signing a lease or committing your business to a certain location to determine the feasibility.

If a nonconforming use is discontinued, or if a nonconforming building is vacant, unused or unoccupied for a period of 12 consecutive months, any subsequent use must conform in every respect to the provisions of the Municipal Zoning Code, and a nonconforming building may not thereafter be used or occupied until it conforms in every respect to the provisions of the Code.

Generally, the following uses will require further documentation or an extended review and may or may not be permitted: office uses within an industrial zone; medical, restaurant, laundromat, trade or technical schools, and automotive repair and service uses within spaces that were not previously used for such purposes; a building that does not meet the parking demand for the proposed use; or a use which generates a higher parking demand or adherence to development standards than the previous uses.

You may need to provide floor plans, site plans, or document the prior use before obtaining a Certificate of Occupancy to determine the grandparented rights of a nonconforming use, or a use which has additional Code requirements.