
PROSPECTIVE BUSINESSES
STATEMENT OF INTENDED USE

Business information

Business Name: _____

Business Address: _____

Business Owner: _____ Contact Number: _____

Applicant: _____ Contact Number: _____

Please describe business operation: _____

Building Information

Square Footage of the building or space? _____ Fire Sprinklers? **Yes / No**

Is any demolition planned? **Yes / No**

Are there any planned alterations to the building or the buildings mechanical, electrical or plumbing Systems? **Yes / No** If yes provide a brief description on the back of this form.

Building Information from Building and Safety

Current Certificate of Occupancy on file? Yes / No Occupancy Group? _____

Is this a change of Occupancy? Yes / No New Occupancy Group? _____

Approvals required for business license.

Planning

LA County Fire Prevention

Building and Safety

LA county Health

Utilities

Comments _____
