



Development Services / permits@maranaaz.gov

11555 West Civic Center Drive / Marana, AZ 85653

Ph (520) 382-2600 / Fax (520) 382-2641 / maranaaz.gov

OCCUPANCY COMPLIANCE FORM

CONTACT INFORMATION

Business Name:	Contact Name:		
Business Description:			
Address:	City:	State:	Zip:
Email:	Phone No.:		

ADDITIONAL INFORMATION & REQUIREMENTS

Reason: Owner Change Name Change New Tenant Other _____

Proposed Occupancy Use:	Prior Occupancy Use:
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Additional Document Requirements:

- Town of Marana business license or receipt for application fee
- A location map – include the building footprint, parking and cross streets (2 sets)
- Floor plan
 - Show layout and equipment if applicable
 - Identify the use of each room
 - Include dimensions for rooms, corridors, doors, exits, etc.

Required Inspections:

- Northwest Fire District (520) 887-1010 x5051
- Town of Marana Building (520) 382-2637
- Pima County Health Department inspection is required *prior* to Town Building inspection for restaurants (520) 740-2760

OWNER/APPLICANT AUTHORIZATION

I, the undersigned, certify that all of the facts set forth in this application are true and correct to the best of my knowledge and that I am either the owner of the property or that I have been authorized in writing by the owner to file this application. (If applicant is not the owner, attach written authorization from the owner.)

Owner/Applicant Name (PRINT)	Signature	Date
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FOR OFFICIAL USE ONLY	Permit No. _____	Date Received _____
Planning Review: <input type="checkbox"/> Parking <input type="checkbox"/> Landscape <input type="checkbox"/> Zoning <input type="checkbox"/> Compliant	NWFD Inspection: Scheduled _____ Received _____	
Type of Construction: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> B	Square Footage of Space: _____ Fire Sprinkler Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Design occupant load:	Occupancy Classification:	
Number of exits required:	Number of exits provided:	
Number of public toilet facilities:	ADA compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	