



OCCUPANCY COMPLIANCE FORM

INFORMATION & REQUIREMENTS

Business name to appear on the Certificate of Occupancy (must match business license):

Business description:

Reason: Owner Change Name Change New Tenant Other _____

Proposed occupancy use:

Prior occupancy use:

Are the utilities turned on: Yes No (If no, please have utilities turned on prior to inspections)

Estimated move-in date:

Estimated opening date:

List any work/improvements that have been or are being made to the space:

Submittal requirements:

- Completed permit application
- Town of Marana business license or receipt for application fee
- Location map – include the building footprint, parking and cross streets (2 sets)
- Floor plan
 - o Show layout and equipment if applicable
 - o Identify the use of each room
 - o 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 (520) 740-2760
- Inspection is required *prior* to Town Building inspection for restaurants

FOR OFFICIAL USE ONLY

Permit No. _____ Date Received _____

Planning review: Compliant Not compliant - comments: _____

NWFD inspection: Scheduled _____ Received _____

Type of construction: I II III IV V A B

Square footage of space: _____ Fire sprinkler protection: Yes No

Design occupant load: _____ Occupancy classification: _____

Number of public toilet facilities: _____ Number of exits: Required _____ Provided _____

ADA compliant: Yes No Addressing: Building No. _____ Suite No. _____