



OCCUPANCY PERMIT APPLICATION

- Instructions:**
1. All questions must be answered or designated not applicable (N/A) as appropriate.
 2. Applicants are required to declare under penalty of perjury that the statements made herein are true.

PLEASE TYPE OR PRINT CLEARLY IN INK

Business Name: _____

Business Street Address: _____ Suite: _____ Milpitas, CA 95035

Mailing Address: _____

Business Phone: _____ Fax: _____ Cell: _____

Business Owner Name: _____

Email Address: _____ Date Business Starts or Started: _____

1. Please check your business type:

Office General
 Warehouse/Storage
 Restaurant
 Retail Store
 Child Care
 Medical or Dental
 Manufacturing
 Religious Assembly
 School or Training
 Beauty Salon
 Other (please briefly describe): _____

2. Is your business same as the previous business? Yes No

If No, please briefly describe the previous business: _____

3. Is your business a: New Ownership New Business Change of Business Name with Same Ownership

4. How many square feet is your space? _____

5. Is your business new to Milpitas? Yes No

If yes, are you relocating from another city? Yes No If yes, which city are you relocating from? _____

6. Are you relocating within Milpitas? Yes No

7. Are hazardous materials to be used or stored in conjunction with your business? Yes No

If yes, please describe: _____

If you are unsure or wish additional information, please contact the Fire Prevention Bureau at 408-586-3365

8. Will you be installing a new sign? Yes No

9. Is the building equipped with fire sprinklers? Yes No

10. Will you be making any alterations to the space, or installing shelving over 5'-9" high, or installing equipment? Yes No
If yes, please describe: _____

PLEASE NOTE: No building, structure, or building service equipment regulated by the Milpitas Municipal Code and the Title 24 codes shall be erected, constructed, enlarged, altered, repaired, moved, improved, removed, converted or demolished unless a separate, appropriate permit for each building, structure or building service equipment has first been obtained from the Building Official.

11. Are you required to have permits or clearances from any of the following agencies to operate your business at this location?
If you are unsure or wish additional information, please contact the agency at the number listed below.

County Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	408-586-3365
San Jose/Santa Clara Water Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	408-793-5300
County Department of Environmental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	408-918-3400

If yes is checked to any of the above, a Certificate of Occupancy cannot be issued until the appropriate clearances have been submitted to the Building Safety and Housing Department.

12. What is the SIC Code for your business (see list attached): _____

The following wastewater discharge will occur at the above business address:

- DOMESTIC SANITARY SEWAGE ONLY (Sanitary sewage is wastewater from toilets and hand-washing sinks).
Estimated domestic waste discharge to sanitary sewer is _____ gallons per day.
- COMMERCIAL/INDUSTRIAL WASTE (Commercial wastewater is any discharge other than domestic sewage).
Estimated commercial/Industrial waste discharge to sanitary sewer is _____ gallons per day.

PERMIT FEE:

New business or existing business with new ownership (Fees shown are as of July 1, 2022, Please see the [Building Fee Schedule](#) online for current fees):

FIRE DEPARTMENT INSPECTION	\$296.00
BUILDING & SAFETY INSPECTION	\$694.00
COMMUNITY PLANNING FEE	\$34.70
PLANNING FEE	\$126.00
AUTOMATION FEE	\$42.41
TOTAL FEE	\$1193.11*

* A 2.4% credit card transaction fee will be applicable when paying online or with credit card.

The information contained herein is familiar to me and to the best of my knowledge, accurate and complete. I further certify that the wastewater discharged to the sanitary sewer system from this business will be as represented by the above disclosure. I also understand the obligation to notify the San Jose/Santa Clara Water Pollution Control should my wastewater discharge change.

APPLICANT SHALL BE THE OPERATOR OF THE BUSINESS

Applicant Name (Print): _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Planning Approval (Print): _____ Land Use Zone: _____

Planning Signature: _____ Date: _____

Conditions of Use: _____

B-OC _____ - _____

STANDARD INDUSTRIAL CLASSIFICATION (SIC)

SIC # CLASSIFICATION

0742 VETERINARY
1520 BUILDING CONSTRUCTION
2431 WOODWORKING SHOPS
3079 PLASTIC, CHEMICALS
3272 CONCRETE MANUFACTURING
3440 METAL FABRICATOR
3470 PLASTIC SHOPS
3541 MACHINE SHOPS
3676 ELECTRONIC ASSEMBLIES
4224 MINI STORAGE WAREHOUSES
5074 PLUMBING SUPPLY
5261 FLORIST
5390 RETAIL
5411 GROCERIES, MARKETS
5461 BAKERIES, DONUT SHOPS
5510 AUTO DEALERS
5540 GAS STATIONS
5710 HOME FURNISHINGS, FLOOR COVERINGS, APPLIANCES
5730 RADIO, TV & MUSIC STORE
5812 FULL SERVE RESTAURANTS & FAST FOOD
5912 DRUG STORES, PHARMACIES
5931 AUTO WRECKERS
6020 BANKS
6310 LIFE INSURANCE SERVICES
6360 TITLE INSURANCE SERVICES
6510 REAL ESTATE SERVICES
7010 HOTELS, MOTELS
7210 DRY CLEANERS
7215 COIN OPERATED LAUNDRIES
7230 BEAUTY PARLORS
7240 BARBER SHOPS
7299 PERSONNEL SERVICES, EMPLOYMENT AGENCIES
7332 BLUE PRINT SERVICES
7370 COMPUTER PROGRAMMING, DATA PROCESSING SERVICE
7384 PHOTO DEVELOPING
7394 TOOL & EQUIPMENT RENTAL
7530 AUTOMOTIVE REPAIR SHOPS
7531 AUTO BODY SHOP
7542 CAR WASHES
7620 ELECTRICAL REPAIR SHOPS
7832 INDOOR MOVING THEATER
7930 BOWLING ALLEYS
7997 HEALTH STUDIOS
8000 OFFICE BUILDINGS
8010 MEDICAL CLINICS
8015 DENTAL CLINICS
8351 DAY CARE, NURSERY SCHOOL
8361 BOARD & CARE HOME
8660 CHURCHES
8710 ENGINEERING, ARCHITECTURAL & SURVEYING SERVICES

IF SIC CLASSIFICATION IS NOT LISTED ABOVE, CONTACT SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL AT 408-793-5300.