



Building Development

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building.applications@peoriaaz.gov
www.peoriaaz.gov/business/development-services

Permit #: _____
Balance Due: _____
Planning: No _____ Yes _____

For Office Use Only

Certificate of Occupancy Permit Application

This process may only be used if proposed occupancy type is the same as the previous tenant.

Tenant suites with warehouse space must comply with the Peoria Fire – Medical Department Guideline.

Project Information

Submittal Date: _____ Revision: No _____ Yes _____ Existing Permit #: _____

Project Name: _____ Square Footage: _____

Project Address: _____ Suite #: _____ Parcel #: _____

Intended Use of Space: _____
(Describe business and activities that will take place)

Occupancy Load: _____ Occupancy Type: _____

Previous Tenant Improvement Permit #: _____

Application Contact: _____ Phone number: _____ Email: _____

Owner or Tenant Information

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Building Owner

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Inspection Contact: _____ Phone number: _____ Email: _____

The undersigned, under penalty of perjury, does hereby certify that all improvements made to the above project, at the address as stated above, by means of the building or improvement of structures or appurtenances of such property, have been performed by a duly licensed contractor unless the entire structure is intended for the undersigned's sole occupancy as owner and no part is provided for occupancy by the public, employees, or business visitors and no part of the premises are intended for sale or rent.

I understand the owners who sell or rent property not completed with a licensed general contractor, may be subject to a Class 1 Misdemeanor under Arizona Revised Statutes § 32-1151 and § 32-1154. A Class 1 Misdemeanor is punishable by a fine not to exceed \$2500.00 and/or one year in the County jail. I understand and acknowledge the above certification.

Print Name: _____ Signature: _____ Date: _____

C of O Only (NO WORK - TENANT WILL OCCUPY SUITE "AS IS")
Proposed Occupancy type must be the same as the previous tenant.

Three (3) copies of existing floor plan showing the following:

- Spec suite floor plan **OR** existing built out floor plan with all rooms labeled
- Specify occupancy type/use, occupant load, and square footage of tenant space – **A separate letter, signed by the tenant, stating what activities and uses will be occurring in the tenant space must be included with the submittal**
- Location of existing high/low drinking fountain or bottled water cooler if occupant load is 15 or fewer
- Location of existing service sink either inside the suite or a community service sink provided by the Landlord for all occupancies except B and M with an occupant load of 15 or fewer
- Location of existing ADA compliant restroom(s)
- Location of fire extinguisher(s)
- Location of existing exit sign(s) and exit door(s)
- If suite has never been occupied with the same use, then mechanical outside air calculations from an Architect or Mechanical Engineer in compliance with IMC Table 403.3 shall be submitted for approval

Additional information regarding occupancy:

- Suites with **warehouse** space must provide information requested in the Peoria Fire – Medical Guideline
- No hazardous materials can be stored.
- Free-standing storage racks exceeding 5'9" in height must obtain a separate permit and same racks exceeding 8' in height must also provide engineering by an Arizona Structural Engineer.
- **Per IMC 403.3.1.5**, Air Balance Report for the suite is required for inspectors at the time of inspection **NOTE:** Any duct detectors installed on the HVAC system must be interconnected to the building fire alarm system. This will require a fire alarm contractor to perform the work and to demonstrate operation to the Fire Department at the final inspection. An air balance test report to show that it is properly installed is also required.

Once permit has been issued:

Inspections (2 visits required if suite currently does not have power)

- Day 1 customer to schedule: #260 – SES Inspection and meter clearance
- Day 2 customer to schedule: #115 – GreaseTraps/Interceptors
 - #180 – Backflows
 - #190 – Final Plumbing
 - #290 – Inspection of exit lights and emergency lights
 - #390 – Present air balance report (as required above)
 - #590 – ADA and egress inspection
 - #990 – Final Fire



Certificate of Occupancy Only Pretreatment Survey

Establishment Name: _____

Establishment Address: _____

Contact Person: _____

Preferred Contact Information: _____

Please check all that apply. If unknown, please check "U"

Is the proposed or existing establishment used for the following in any way?	Y	N	U
• Food preparation or service			
• Beverage preparation or service (coffee, wine, beer, distillery, etc.)			
• Auto/Truck/Airplane/Equipment wash, repair, sales or storage			
• Laundry/Dry cleaning			
• Art/Painting/Sculpture			
• Day care/School			
• Hair salon/Barber shop			
• Grocery/Convenience store			
• Gas station			
• Veterinary services			
• Hospital/Dental/Lab/Doctor			
• Industrial/Machine/Metal/Woodworking Shop			
Are any of the following fixtures proposed or existing?	Y	N	U
• Two/Three compartment sink			
• Prep-sink			
• Utensil Sink			
• Mop sink			
• Dishwasher			
• Wok			
• Fryer			
• Can Wash Station			
• Wash Down Hood			
• Utility Sink			
• Food/Garbage Disposal			
• Commercial Clothes Washer/Dryer			
Are there any existing or proposed fixtures, appliances or processes that will receive or produce any of the following?	Y	N	U
• Animal or vegetable fats			
• Machine or food oils			
• Machine or food grease			
• Food/beverage waste			
• Flammable liquid			
• Acids			
• Clay/plaster			
• Hair/fur			
• Amalgam/Silver/Mercury			

Contact:pretreatment@peoriaaz.gov for more information



FIRE-MEDICAL DEPT

Application

Date: March 28, 2016 (rev 8/19/2016)
To: Warehouse Certificate of Occupancy Only Applicants
From: City of Peoria Fire-Medical Department – Fire Prevention Division
Subject: Warehouse C of O only application requirements

Effective immediately, this application will detail the minimum requirements from the City of Peoria Fire-Medical Department to apply for a Warehouse Certificate of Occupancy Only permit¹. The following application must accompany the Building Development submittal.

Type of product to be stored. (if more than 3 items different items, provide a separate sheet)

Is the product flammable? (MSDS² required.) Yes: _____ No: _____

Quantity of the flammable product to be stored³. Lbs: _____ Cu. Ft.: _____ Gal: _____

Is the product hazardous? (MSDS² required.) Yes: _____ No: _____

Quantity of the hazardous product to be stored³. Lbs: _____ Cu. Ft.: _____ Gal: _____

How will the product be stored?

On the shelf: _____ In a bin box: _____ Palletized: _____

Is the product encapsulated (wrapped in plastic)? Yes: _____ No: _____

Height of the storage (as measured to the top of the product): _____

Width of the aisles between the shelves: _____

Type of shelves: Solid (wood or metal): _____ Open (wire grate or none): _____

NOTES: (1) Warehouse use or storage is restricted to the design parameters of the automatic fire sprinkler system. Fire sprinkler system design parameters may need to be provided. Certain materials or storage methods could either be denied or could require a change to the automatic fire sprinkler system. The placement of shelving can also disrupt the strobe coverage for the fire alarm system. In cases where the fire alarm system or fire sprinkler system would need to be modified to provide proper coverage, a separate permit will be required. (2) MSDS = Material Safety Data Sheet. (3) An HMIS (Hazardous Material Inventory Statement) is required to be submitted where hazardous materials or flammable/combustible liquids are stored.

Print Name: _____ Phone Number: _____

Signature: _____ Date: _____

Project Name: _____ Project Address: _____