



Please provide the following documentation along with this checklist to the Commercial Services Counter located at 200 West Washington Street, Second Floor.

To obtain proof of year built

If your business is not located in a multi-tenant shopping center, obtain a copy of a Detailed Valuation Report – Full Cash Value Summary Construction Cost Model and a Parcel History from the Maricopa County Assessor’s Office located at 301 W. Jefferson Street, Suite 100, Phoenix, AZ 85003, phone 602-506-3406, TTY 602-506-7263. Website-mcassessor.maricopa.gov.

To obtain proof of continuous use

Coles Directory publishes household directories for every major population area in the United States and Canada. Copies of directories are available at the Burton Barr Central Library located at 1221 N. Central Avenue, Second Floor, Phoenix, AZ 85004, Phone 602-262-4636; TTY 602-254-8205. Obtain copies from the directory showing the year of directory listing and business(es) located at that address. It will be necessary to provide listings that validate the span of years that the type of business continually occupied the building or suite to establish previous use. This may require copies of the directory that span several years to properly document continuous occupation.

Other documentation may be submitted for consideration, such as:

- Copies of business licenses of previous tenants/businesses.
- Copies of existing permits from City of Phoenix records department.
- Copies of a Corporate Report from the Arizona State Corporation Commission located at 1300 W. Washington Street, First Floor, Phoenix, AZ 85003; Phone 602-542-3026.
- Copies of directories from Haines Criss+Cross Directory at your local library.
- Copies of previous liquor licenses.

Floor Layout Drawing: (architectural scale, e.g. 1/4" = 1' 0")

- a. Show complete floor layout including equipment (if applicable)
- b. Provide total square footage of the tenant space or building
- c. Identify the use of each room and square footage
- d. Provide dimensions of rooms, corridors, doors etc.
- e. State the occupancy classification of the adjoining suites (if applicable)

Site Layout Drawing: (engineering scale, e.g. 1" = 20')

- a. Provide a project information block containing:
Address of the building to include suite # _____ Occupancy Classification(s) _____
Square footage of tenant lease area _____
- b. Show the size and shape of the lot; identify property lines with dimensions
- c. Show all buildings and structures; identify the distance to property lines and other structures
- d. Show and label the streets, alleys and easements
- e. Provide a North arrow
- f. Show and dimension all parking spaces, accessible parking stalls and driveway aisles
- g. Specify total number of parking spaces
- h. Other _____

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.

This questionnaire is to be completed to determine eligibility for Certificate of Occupancy issuance for existing buildings (***structure as is with no additional work proposed and no change of occupancy from originally approved use***). Once completed, please return to the Planning & Development Department, Commercial Services Counter, located at Phoenix City Hall, 200 W. Washington Street, 2nd Floor, Phoenix, Arizona 85003.

Provide Business Use Information

Date: _____ Name of Business: _____

Address: _____ Building #: _____ Suite #: _____

Sprinkler: Yes No Unknown

Fire Alarm: Yes No Unknown

Emergency Lights: Yes No Unknown

Building or Suite area breakdown (in Sq. Ft.):

Retail: _____ Office: _____ Manufacturing: _____

Kitchen: _____ Dining: _____ Warehouse: _____

Storage: _____ Other (specify): _____ Total Lease Sq. Ft.: _____

Existing Use _____ Previous Use(s) _____ Proposed Use(s) _____

1. Is the establishment located in a commercial center? Yes No
If yes, list number of suites ____ and provide diagram showing suites with tenant list including vacant suites.
2. Is subject space single story or multi-level?
3. Is there outdoor dining or outdoor alcohol consumption? Yes No

I am the owner (or an authorized agent acting on behalf of the owner) of the property at the address listed on this application.

Applicant Signature: _____ Print Name: _____

Applicant Phone: _____ Email: _____

----- **Staff Use** -----

Initials: _____

Permit Type: _____ Permit #: _____ Permit Name: _____

Project #: _____ C of O: Yes No Citation: Yes No

Census: _____ Qtr Sec: _____ Cncl Dist: _____ Zoning: _____

Units: _____ Occ Class: _____ Const Type: _____ Struc Class: _____

- Scope Code: COFO 1 (Valid Permit in Records with NO COFO)
 COFO 2 (No Permit in Records – Use established with other documentation)
 COFO 3 (Permits in Records with incomplete inspection history)

Submittal or **Permit** (Please circle one and related Fee Code below):

Submittal: Research/Review Fee Code: **BSCSTAFF (Please specify number of hours for review)** ____

Permit: Permit Fee Code: **BSCINSP (Please specify number of inspection disciplines)** ____

Site Planning Approval

Site planning Approved Yes No Site Planning Staff Initials _____ Date _____

Zoning _____ Allowed Use Yes No

Liquor Applicant Yes No

Parking Approved Yes No Traffic/civil Staff Initials _____ Date _____