



OCCUPANCY INSPECTION PROGRAM APPLICATION

PURPOSE: The intent of the Occupancy Inspection Program is to permit the City to inspect one and two-family dwellings for compliance with the City's Municipal Code, the Zoning Code, and other ordinances of the City relating to health and safety of residents. (PMC Sec. 14.16.050)

PASADENA MUNICIPAL CODE 14.16.030 - Certificate of Occupancy Required

No person shall occupy, change the use of or sell, exchange, rent, lease or otherwise permit any unit which is hereafter vacated by the occupant thereof to be reoccupied until a certificate of occupancy, or temporary certificate of occupancy is issued by the administrator. With respect to single-family, condo/townhouse and duplexes, such inspection shall occur each time the unit is sold, rented, leased or exchanged.

An application for an occupancy inspection shall be void if the owner fails to correct all items marked as "major/safety" and call for re-inspection within six months of the close of escrow. similarly, an application for occupancy inspection shall be void if the owner fails to correct all "minor/non-safety" items within 30 days of the close of escrow.

Printed name of property owner or representative _____ Date _____

Signature of property owner or representative _____

Address of property to be inspected _____

Property owner's name _____ Phone No. _____ Fax No. _____

Property owner's address _____

City/State: _____ ZIP Code: _____

Representative's name _____ Phone No. _____ Fax No. _____

Representative's address _____

City/State: _____ ZIP Code: _____

Received by _____	Case no. _____	Date _____
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> CONDO/TOWNHOME
<input type="checkbox"/> SALE	<input type="checkbox"/> RENTAL/LEASE	
METHOD OF PAYMENT:	<input type="checkbox"/> Credit card	<input type="checkbox"/> Check <input type="checkbox"/> Cash
INSPECTION FEE _____	SIDEWALK FEE _____	
INSPECTION DATE _____	INSPECTION TIME _____	A.M. / P.M.

If requesting mailed certificate of occupancy & housing inspection report, please provide addressee information here

PROPERTY OWNER AUTHORIZED REPRESENTATIVE

Name _____

City/State: _____ ZIP Code: _____

PROPERTY OWNER AUTHORIZED REPRESENTATIVE

Name _____

City/State: _____ ZIP Code: _____