



CITY OF EL MONTE

Economic Development Department
Building Division

Business Occupancy Permit Affidavit

Name of Business: _____

Business Address: _____

Owner's Name: _____

Phone #: _____ Move in Date: _____

A Building Department Inspection is needed to obtain your Business Occupancy Permit. Please make sure someone over the age of 18 is present for this inspection. The Building Inspector needs to have access to all areas at the proposed business location. **Correction notices must be addressed** – including supplemental permits pulled- and re-inspected within 10 City business days, otherwise the “**BUSINESS OCCUPANCY PERMIT**” application may be denied.

I understand the conditions and, after completing the application form and paying the required fees, I hereby authorize this inspection.

Signature: _____ Date: _____