



City of Sunnyvale

Business Occupancy Resumption Program

REQUEST FOR PRECERTIFICATION

[When used for Renewal, complete only if Owner has changed during last two years.]

Precertification of the building at _____ (address), Sunnyvale, California, is requested for acceptance in the Building Division – Building Occupancy Resumption Program.

I certify that:

1. The owner of the building at the above address is:

Address: _____ Phone: _____

2. I am authorized to act as the owner's agent in requesting participation in the program.

3. The enclosed precertification documentation and written emergency inspection program complies with the minimum requirements of the Building Occupancy Resumption Program.

4. Emergency inspectors have been given a copy of the Emergency Inspection Program for the building at the address listed above.

5. Emergency inspectors have been given means of access to all areas of the building at all times of day and night or have been given instructions regarding obtaining accompanied access.

6. Emergency inspectors have access to the most recent accurate copies of all relevant structural, architectural, and life-safety drawings at all times.

7. All emergency inspectors will receive immediate notification of any changes in factors affecting the emergency inspection program (e.g. changes to structural or life-safety systems, access to buildings, etc).

(signature) _____

(printed name) _____ Phone: _____ Date: _____

The precertification documentation for this building has been accepted by the Building Division. The building will be placed on the list of buildings for the Building Occupancy Resumption Program.

Accepted by:

Date: _____

RETURN ONE COPY OF THIS FORM TO BUILDING OWNER AFTER REVIEW & ACCEPTANCE