



Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
 Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org
 Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

REQUIRED CLEARANCES BEFORE FINAL BUILDING INSPECTION APPROVAL FOR COMMERCIAL & INDUSTRIAL BUILDINGS

Building Permit #: _____
 Property Address: _____
 Owner/Tenant: _____
 Contact: _____ Phone: _____

The occupancy and/or gas meter will be released by the Building Division only after the following City Divisions/Departments and County agency have signed below indicating their requirements have been satisfied. Additionally, the insulation certificates and if applicable a copy of the elevator certificate must be submitted with this completed form. Business owner should apply, if necessary, for a Certificate of Occupancy and Business License with the City Finance Department.

Departments/Agency	Signature of Representative	Date
Finance Department (805) 449-2200		
Public Works Department (805) 449-2400		
Public Works Recycling (805) 449-7283		
Planning Division (805) 449-2323		
Triunfo Sanitation District (805) 658-4690		
Ven. Co. Fire Department (805) 389-9744		
Ven. Co. Environmental Health Div. (805) 654-2813		
Insulation Certificate	Submit Certificate of Insulation to Building Division	

After all of the required signatures have been obtained, deliver this form to the Building Inspector for your project.



For Staff Use Only		
Date Received	Date Released: Released to:	Staff Initial:

City of Thousand Oaks Sub-Contractor List

All owners, builder and general contractors must complete this form and submit it to Customer Service to receive final inspection and utility clearances. No final inspections or utility clearances will be given until all sub-contractors have purchased a City of Thousand Oaks Business Tax Certificate (Business License) for the time they worked on this project. Contact Customer Service at (805) 449-2201 or fax completed list to (805) 449-2289.

Type of building (check one): Commercial Building or Residence Bldg. Permit #: _____

If Commercial, was square footage added to an existing building? Yes or No What is the tenant name? _____

Address of Project: _____ Suite #: _____

Contractor/Owner Builder Name: (Please Print): _____ Phone #: _____

Contractor/Owner Builder Signature: _____ Fax #: _____

The following companies performed work/furnished materials/provided services for the above job.

Type of Work	Business License #	Name of Company	Address	Contractor State License #	Phone #	Date work Began	Date Work Done
General A 1 or B							
Framing							
Plumbing							
Electrical							
Plastering							
Sewer							
Auto Fire Ext. System							
Heating Vents/A C							
Cement/Concrete							
Excavating/Trench.							
Lath/Drywall							
Cabinets							
Magnesite or similar Substances							
Tile/Ceramic/Mosaic							
Steel							
Hardwood Floors							
Carpeting							
Roofing							
Ornamental Metal							

Type of Work	Business License #	Name of Company	Address	Contractor State License #	Phone #	Date work Began	Date Work Done
Concrete Block, Masonry, Brick							
Sheet Metal							
Glazing							
Fencing-not block walls							
Paving/Surfacing & Grading							
Insulation							
Refrigeration							
Landscaping							
Signs							
Misc. Classified Specialist							
Painting/Decorating							
DELIVERIES DO NOT INCLUDE DELIVERIES FROM COMMON CARRIERS							
Drywall							
Floor Coverings							
Shower Doors							
Garage Doors							
Glass							
Hardware							
Doors, windows, frames							
Roofing Materials							
Rock/sand/concrete							
Masonry/brick/block							
Carpets, drapes							
Plumbing							
Appliances							
Lumber							
Stucco							
Insulation							
Misc. Items							