Application for Property Owner BOP Waiver
"Clean & Show"

DO NOT WRITE HERE - FOR OFFICE USE ONLY

Received by: Staff: _____ Date: _____
Ownership is verified: ☐ No ☐ Yes, source: _____
Management verified: ☐ No ☐ Yes, source: _____
Memo sent to Utilities/Customer Services Date: _____
Deadline for shut off : _____ days: Date: _____

Notes: _____

Release of utilities for non-residential property requires a business occupancy permit (BOP) to determine if the proposed use may be permitted. However, utilities may be released temporarily to a property owner and/or property manager for the cleaning, showing, maintenance, and security (Not for the operation of an unpermitted use) of the property without obtaining a BOP by obtaining a *Property Owner BOP Waiver*. **Permanent release of utilities may be granted after a tenant has obtained the approval of a BOP application**. This form is not a BOP Application.

Submit this application to the Development Services Department, with a fee of $150.00. Payment of $150.00 fee for each extension request.

_____ _____
Property Address/ Location (Required Information) Previous Business/ Land Use (Required Information)

Request (Please check the box and Initial)

- ☐ Request is to allow the temporary release of utilities for _____
- ☐ I understand that this BOP Waiver for "*Clean and Show*" is only temporary and is limited to 30 days maximum with consideration of extensions for security and maintenance of property. No Tenant Improvements or any alterations to the building or property are permitted without first obtaining City Approvals and Permits. In addition, no business shall be conducted without obtaining a Business Occupancy Permit.
- ☐ If applicable, I am requesting a _____days extension because _____
_____
_____

I attest that I am one of the following (check one):

- ☐ Property owner as indicated on the attached Grant Deed or other proof of ownership.
- ☐ Property manager representing the property owner as indicated on the attached document:

Property Owner/Manager's Certification

I hereby certify that I am the record owner(s) or authorized representative of the owner(s) of the property stated above. By signing below, I further affirm that I understand that utilities will be released temporarily in my name for the purposes of cleaning, showing, maintenance, and security for the subject property and that utilities may be shut off after **30 days, unless otherwise stipulated**.

_____ _____ _____
Signature Date Title

_____ _____ _____
Print Name E-mail address Phone Number

_____ _____ _____
Mailing Address City, State Zip Code FAX Number

City of Colton Development Services Department, 659 N. La Cadena Drive (at the Civic Center Annex across from City Hall), Colton, CA 92324, (909) 370-5079; Open: 7:30 a.m. to 5:00 p.m., Monday through Thursday