

New Tenant Guidance Checklist

Date: _____

Proposed Address: _____

Project/Business Name: _____ Applicant Name: _____

Email: _____ Phone: _____

Description of business and scope of work: _____

Existing Building/Space Information

Last tenant in space: _____ Date of last remodel: _____

CASp report available from property owner? Yes ☐ No ☐

Planning

Alcohol sales proposed? Yes ☐ No ☐ ABC License Type: _____

Tobacco Sales Proposed? Yes ☐ No ☐ Proposed exterior changes? Yes ☐ No ☐

If yes to exterior work, describe: _____

Proposed Work Needed (What elements do you anticipate will be needed for the space?)

Kitchen

Floor sink? Yes ☐ No ☐

Sinks? Yes ☐ No ☐

Hoods? Yes ☐ No ☐

Kitchen equipment? Yes ☐ No ☐

Equipment (equipment being added or modified to the space, e.g., air conditioner, water heaters, plumbing, mechanical, etc.)

Fire sprinklers? Yes ☐ No ☐

Water heater? Yes ☐ No ☐

Mechanical equipment (HVAC, A/C)? Yes ☐ No ☐

Remodel

New bathroom? Yes ☐ No ☐

Bathroom upgrade? Yes ☐ No ☐

New walls or partitions? Yes ☐ No ☐

Permit Requirements

Does the scope or location require an architect to draw the plans? Yes ☐ No ☐

Health Department approval required? Yes ☐ No ☐

Dining area in the public right-of-way? Yes ☐ No ☐

Notes