OPERATIONAL STATEMENT

THIS FORM TO REMAIN ON FILE WITH MADERA COUNTY BUILDING DIVISION

Owner's Name		Building Permit No.
Owners Mailing Address		A.P.N.
Site Address		Date
Occ. Class	Occ. Load	Const. Type
	-	functions and activities, number of employees, quantities and types of operation, sleeping or living area, etc.)
I hereby certify the above to be periodically update this form up		ne best of my knowledge. I understand that I may be required to om Madera County.
as additional parking, accessibil I further understand that any de	lity by disabled perso viation from, or opera	rm that which is approved may require additional requirements such ons, sanitary facilities, exiting and structural changes to the building. rations not consistent with the above certification will result in a rocation of Planning approval, (i.e. CUP, zoning permit, etc.)
Owners Signature		Date

If you have any questions regarding this form, please call the Building Department at 559-675-7821. Thank You.