



CERTIFICATE OF OCCUPANCY O20 ___ - _____
CITY OF HUNTINGTON BEACH
DEPARTMENT OF COMMUNITY DEVELOPMENT APPLICATION

(3rd Floor – The Applicant Must Apply In-Person)

Business Address _____ Date _____
 Business Owners Name _____ Zip Code _____
 Business Name _____ Telephone No. _____
 Business Type _____ Bus. Phone _____

<u>Property Owner Information (required)</u>	<u>Tenant/Emergency Contact (required)</u>
Name _____	Name _____
Address _____	Home Address _____
City _____ State/Zip _____	City _____ State/Zip _____
Telephone No. _____	Telephone No. _____

THIS USE WOULD BE DESCRIBED AS:

Newly Constructed Building or Existing Building

IS THIS BUILDING FIRE SPRINKLERED? Yes No

CHECK ALL THAT APPLY:

- Change of Business Owner Change of Occupant Change of Use Additional Occupant
- Indicate former type of business _____
- Are you requesting that the electricity be turned on? Yes No
- Will operations produce dust/wood shavings or similar material? Yes No
- Will operations involve the repair or replacement of automobile parts? Yes No If yes: Describe the components repaired or replaced. _____
- Does the operation involve the use of welding or open flame? Yes No
- Will the business be a drinking, dining or assembly use with an occupant load of more than 50 persons?
 Yes No
- Will there be storage racks, gondolas, or shelving exceeding 5feet 9 inches in height? Yes No
- The following best describes my operation: Office Only Retail Sales Medical/Dental
 Warehouse /Manufacturing/Distribution Restaurant/Take-Out Food Other _____
- Will any meat products including beef, poultry, and/or fish be cooked or fried onsite? Yes No
If you answered yes, please proceed to the next question.
- Does your facility currently have a grease control device (i.e. grease trap or grease interceptor)?
 Check one: Yes No

For Official Use Only

Occ Group: _____	Area: _____	Occ Load: _____
Occ Group: _____	Area: _____	Occ Load: _____
Occ Group: _____	Area: _____	Occ Load: _____
Total Sq Ft Occupied: _____	No. of Stories: _____	TIF Review: Y/ N
Bldg. Permit # _____	Entitlement #: _____	Zoning: _____

Planning Initials: _____ Date: _____ Building Reviewed By Initials: _____ Date: _____

Conditions of Approval or Other Notes: _____

Grease Interceptor Verified

Inspected By Initials: _____ Date: _____



South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-3529 • [http:// www.aqmd.gov](http://www.aqmd.gov)

Air Quality Permit Checklist

California State Law Code 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This checklist will determine if you need to obtain clearance from the South Coast Air Quality Management District (AQMD).

Company Name: _____

Property Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Type of Business: _____ Telephone: _____

Fax Number: _____ e-mail address: _____

Applicant (print name): _____ Signature: _____ Date: _____

- Will the facility have any of the following equipment? Yes No
 - Charbroiler
 - Dry cleaning machine
 - Spray booth
 - Printing press (screen/lithographic/flexographic)
 - Internal combustion engine greater than 50 HP (excluding motor vehicles)
 - Boiler/combustion equipment (greater than 1 million BTU/hr. maximum input)
 - Abrasive blasting cabinet/room
 - Baghouse/cartridge-type dust filter/scrubber
 - Motor fuel storage and dispensing equipment

- Will any of the following operations be performed? Yes No
 - Application of paints or adhesives
 - Etching, plating, casting, or melting of metals
 - Molding, extruding, or curing of plastics
 - Mixing and blending of liquids and/or powders
 - Storage of acids, solvents, organic liquids, or fuels
 - Production of fumes, dust, smoke, or strong odors

If you answered “No” to both questions, this checklist is your clearance from AQMD. If you answered “Yes” to either question, you must contact AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call AQMD at their Small Business Assistance Office at **1-800-CUT-SMOG (1-800-288-7664)**.



**HUNTINGTON BEACH FIRE DEPARTMENT
FIRE PREVENTION DIVISION**
2000 MAIN STREET • HUNTINGTON BEACH, CA 92648
(714) 536-5676 • FAX (714) 374-1551

Fire Only
File #: _____
FP: _____

FIRE PREVENTION – BUSINESS DATA SHEET
For new Certificates of Occupancy

Business Name: _____ **Start Date:** _____

Business Address: _____
Number Street Unit Zip Code

Billing Address: same as business _____

Business Contact: _____

Emergency Contact: _____
(24-hour) Name Phone Email

Description of Business: _____

Will there be any of the following uses on the premise?

- Storage >6 feet Welding Special amusements (*escape room or similar*) Motor vehicle repair

If yes, describe: _____

Will there be any of the following equipment (E =existing equipment, A = adding or new equipment)

- | | |
|--|---|
| ___ Dry cleaning – <i>list solvent</i> | ___ Industrial oven – <i>list fuel</i> |
| ___ Propane patio heaters –# of heaters, # of spares | ___ Cooking equipment (<i>fryers, ovens, pizza conveyor, etc.</i>) |
| ___ Backup generators – <i>list fuel</i> | ___ Walk in refrigerators or coolers – <i>list size, refrigerant</i> |
| ___ Spray booth or dipping tank | ___ Tents or air supported structure |
| ___ Grinding/milling equipment that creates combustible dust | ___ Fuel dispensing (including storage tanks) |
| | ___ Carbonated beverage system – <i>list total pounds of CO₂</i> |

If yes, provide details (e.g., number, fuel, size, etc.) _____

Does the building have any of the following features (E =existing feature, A = adding feature)

- | | |
|------------------------------------|--|
| ___ Sprinkler system | ___ Other fire suppression system |
| ___ Fire alarm system | ___ Smoke detectors |
| ___ Other detectors (e.g, methane) | ___ Other alarm system |
| ___ Private fire hydrants | ___ Battery systems |
| ___ Fire pump | ___ Methane barrier or other methane control installed |

If yes, provide details _____

Does the business handle any of the following:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 55 gallons or more of a liquid hazardous material or hazardous waste . | <input type="checkbox"/> | <input type="checkbox"/> |
| Compressed gas (or liquid/cryogenic equivalent) of 200 cubic feet or more | <input type="checkbox"/> | <input type="checkbox"/> |
| Inert compressed gas (e.g., argon, nitrogen, helium) of 1,000 cubic feet or more. | <input type="checkbox"/> | <input type="checkbox"/> |
| 500 pounds or more of a solid hazardous material or hazardous waste . | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely hazardous material or radioactive material | <input type="checkbox"/> | <input type="checkbox"/> |

I certify, under the penalty of perjury, that the above information is true and correct to the best of my knowledge.

Signature: _____ Title: _____ Date: _____



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IMPORTANT INFORMATION ABOUT HAZARDOUS MATERIAL DISCLOSURE

If you are subject to hazardous material disclosure there are important steps you need to take.

We encourage you to reduce your hazardous material inventory below disclosure amounts to avoid fees and inspections. However, if your business requires hazardous materials equal to or in excess of disclosure amounts, you must comply.

A Fire Department representative will contact you to verify the information you submitted for your Business License. If you are subject to this program, you will need to:

Disclose online,

Businesses must disclose on-line either through either (but not both):

- Orange County ESubmit portal (<https://www.esubmit.ocgov.com/home/>)
- California Environmental Reporting System (CERS) (<http://cers.calepa.ca.gov/>)

Business must disclose information on the following forms:

- | | |
|--|-------------------------|
| ○ Business Activities | ○ Chemical Description |
| ○ Business Owner/Operator Identification | ○ An Annotated Site Map |
| | ○ Emergency Plan. |

You are encouraged to proceed directly to either online disclosure system and begin the disclosure process. Failure to disclose is a violation and subject to significant fines and penalties.

- Annually review and certify** your online disclosure.
- Update** your Business Emergency Plan every three years.
- Pay an annual HMDP fee.** The fee is determined based on number and quantity of hazardous materials handled at your facility.
- Inform your landlord if you operate in a leased or rental property** that you are subject to hazardous material disclosure. These are done in writing and sample forms are available on our web site.
- Receive an inspection** by the Fire Department's Hazardous Materials Program Specialist, at a minimum of once every three years.

If you have question or are unsure whether you need to disclose please call (714) 536-5469 or (714) 536-5676. You can also obtain additional information on the City's website at www.surfcity-hb.org on the Fire Department page under the section Fire Prevention.