



City of Huntington Beach
 Department of Community Development
CERTIFICATE OF OCCUPANCY
 2000 Main Street, Huntington Beach, CA 92648 Office:
 (714) 536-5241 Fax: (714) 374-1647

O20- _____

- INSTRUCTIONS:**
1. All questions must be answered or designated not applicable (N/A) as appropriate.
 2. Applicants are required to declare under penalty of perjury that the statements made herein are true.
 3. Complete plans are required to identify all existing and new rooms and equipment. **EXCEPTION:** Office-to-office without any tenant improvements.

PLEASE TYPE OR PRINT CLEARLY IN INK

GENERAL INFORMATION		
Name of Business: _____		DBA Name (Doing Business As): _____
Business Address (including Suite #, if applicable): _____		
Business Owner Name: _____		Business Phone #: _____
Mailing Address (if different from above): _____		
Building Type: <input type="checkbox"/> Newly Constructed Building <input type="checkbox"/> Existing Building		
Reason for Occupancy Change (mark all that apply) : <input type="checkbox"/> Change of Business Owner <input type="checkbox"/> Change of Occupant <input type="checkbox"/> Change of Use <input type="checkbox"/> Additional Occupant to (Name of Primary Occupant): _____		
CONTACT INFORMATION		
Property Owner		Emergency Contact
Name: _____		Name: _____
Address: _____		Address: _____
Phone: _____		Phone: _____
Email: _____		Email: _____
BUSINESS OPERATION		
Type of Business (mark all applicable): <input type="checkbox"/> Retail <input type="checkbox"/> General Office <input type="checkbox"/> Medical/Dental Office <input type="checkbox"/> Assembly <input type="checkbox"/> Restaurant/Take Out <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____		
Detailed Description of Business Operation: _____ _____ _____		
Building/Suite Size: _____	Former Type of Business: _____	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you requesting that the electricity to be turned on?	A fuse up permit is required if there has been no electrical service for more than 30 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be making any improvements to the space, including any mechanical, electrical, and plumbing equipment/works? (e.g. new mezzanine, any industrial ovens, walk-in refrigeration, spray booths, grinders or metal cutting equipment, cooking equipment, etc.)	If yes, plans, permits and Huntington Beach Fire Dept. approval is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a change in business use to a more hazardous use? (i.e. assembly, manufacturing, warehouse, etc.)	If yes, plans, permits and Huntington Beach Fire Dept. approval is required.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will operations produce dust, wood, plastic, or metal shavings or similar material?	If yes, duct collection system and approval from Huntington Beach Fire Dept. is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be using an existing mezzanine (e.g. for storage)? Use/Occupancy:	If yes, please specify the use and occupancy of the mezzanine.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will operations involve the repair or replacement of automobile parts? If yes, describe the components:	If yes, permits are required for lifts, spray booths, electrical components and all other related improvements.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the business be a drinking, dining or assembly use with an occupant load of more than 49 persons?	If yes, plans, permits and Huntington Beach Fire Dept. approval is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be storage racks, gondolas, or shelving exceeding 5 feet 9 inches in height?	If yes, plans, permits and Huntington Beach Fire Dept. approval is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will any meat products including beef, poultry, and/or fish be cooked or fried onsite?	If yes, please proceed to the next question.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your facility currently have a grease control device (i.e. grease trap or grease interceptor)?	If no, submit plans for a new grease control device to the Building Department.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will hazardous material(s) be stored or handled?	If yes, Huntington Beach Fire Dept. review and approval is required.

VERIFICATION

_____ Initials	I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application.
_____ Initials	No Construction Certificate-of-Occupancy: I certify, under penalty of perjury, that no Tenant Improvements have been or are planned for this location including installing shelving over 5'-9" high or installing equipment.

Print Name: _____ ☐ Owner ☐ Agent ☐ Other _____

Signature: _____ Date Signed: _____

*** FOR OFFICE USE ONLY ***

PLANNING	BUILDING		
Entitlement #:	Building Permit #:		
Use Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPANCY GROUP	AREA	OCCUPANT LOAD
Zoning:			
Parking Meets Code (for use): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Max Occupancy (per Planning):			

APPROVALS

PLANNING	Approved by: _____	Date: _____
FIRE	Approved by: _____	Date: _____
GREASE INTERCEPTOR	Verified by: _____	Date: _____
BUILDING	Approved by: _____	Date: _____

Conditions of Approval or Other Notes: _____



South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182

Air Quality Permit Checklist

Small Business Assistance Office
1-800-388-2121
smallbizassistance@aqmd.gov
www.aqmd.gov

South Coast Air Quality Management District developed this Air Quality Permit Checklist (checklist) as a screening evaluation tool in the process required by California Government Code Section 65850.2.

Please submit this checklist to the Small Business Assistance Office by email, mail, or in person for review. If you have any questions or need assistance completing this checklist, contact the Small Business Assistance Office. Provide a response to **all sections** of this checklist as South Coast AQMD may decline to approve this checklist due to lack of information from the applicant.

NOTE: This checklist is not intended for the approval of demolition or renovation activities. If there are any **demolition or renovation activities** that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

Section A – Operator and Business Information

1. Business Name:	
2. Address:	
Street	City CA Zip
3. Contact Name:	Phone:
Title:	Email:

Section B – Business and Equipment Description

Please provide a detailed description of the ongoing business operations performed and equipment used at this location, including both new and existing equipment.
Provide the existing South Coast AQMD facility ID and/or permit numbers, if any.

Section C – Equipment List

(Select all that apply and provide the specifications)

☐ All in Block (G.I./B)

- ☐ Abrasive Blasting Cabinet/Room
 - ☐ Air Conditioning Systems (> 50 lbs of refrigerant)
 - ☐ Application of Paints/Adhesives/Resins
 - ☐ Baghouse/Dust Collector
 - ☐ Bakery Oven (gas-fired, excluding eating establishments)
 - ☐ Boiler/Water Heater
(max. heat input = or > 1 million BTU/hr)
 - ☐ Charbroiler
 - ☐ Coffee Roaster (excluding eating establishments)
 - ☐ Deep Fryer (excluding eating establishments)
 - ☐ Dry Cleaning
 - ☐ Electrostatic Precipitator
 - ☐ Etching/Plating/Casting/Melting/Forging/Grinding/Cutting
 - ☐ Fermentation
 - ☐ Gasoline Storage & Dispensing
 - ☐ Internal Combustion Engine
(rated > 50 bhp; e.g. back-up generator, fire pump)
 - ☐ Mixing/Bleding of Liquids and/or Powders
 - ☐ Molding/Extruding/Curing of Plastics
 - ☐ Pharmaceutical/Nutraceutical
 - ☐ Plasma/Laser Cutter
 - ☐ Printing/Coating/Drying
 - ☐ Refrigeration Systems (containing >50 lbs of refrigerant)
Contact the CA Air Resources Board to register the systems.
916-324-2517 or rmp@arb.ca.gov

- ☐ Soldering Oven
 - ☐ Spray Booth
 - ☐ Storage Tanks
 - ☐ Storage Silos
 - ☐ Fuel-burning equipment
 - ☐ OTHER equipment which may have the potential to emit or control air contaminants:

Section D - Business Self Certification

7. Owner or Authorized Representative*:	Title:
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Title:	
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Signature:	Date:	Phone:
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Date:	Phone:
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Phone:

Equipment:	Approved By:
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South Coast AQMD USE ONLY	Equipment.	Approved By:
	<input type="checkbox"/> Applicant has permit(s) or registration(s):	
	<input type="checkbox"/> Applicant has filed for permit(s) or registration(s):	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring a permit or registration.	

*An **Authorized Representative** is an employee of the business described in Section A, who is authorized to sign on behalf of the owner.



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 – list solvent	___ Industrial oven – list fuel
___ Propane patio heaters – # of heaters, # of spares	___ Cooking equipment (fryers, ovens, pizza conveyor, etc.)
___ Backup generators – list fuel	___ Walk in refrigerators or coolers – list size, refrigerant
___ 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 – list total pounds of CO ₂

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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2000 MAIN STREET • HUNTINGTON BEACH, CA 92648
(714) 536-5676 • FAX (714) 374-1551

Fire Only File #: _____ FP: _____
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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.