



**CERTIFICATE OF OCCUPANCY** **O20** \_\_\_ - \_\_\_\_\_  
**CITY OF HUNTINGTON BEACH –**  
**DEPT. OF PLANNING & BUILDING APPLICATION**

714/536-5241

**(3<sup>rd</sup> Floor – Must Apply In-Person)**

Business License # \_\_\_\_\_ Date \_\_\_\_\_  
 Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Owners Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Business Type \_\_\_\_\_

Property Owner Information (required)

Tenant/Emergency Contact (required)

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

**CHECK ALL THAT APPLY:**

Change of Property 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
- **Is the building sprinklered?** 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
- The following best describes my operation:  Office Only  Retail Sales  Medical/Dental  
 Warehouse /Manufacturing/Distribution  Restaurant/Take Out Food  
 (describe process and end product) \_\_\_\_\_  
 Other (describe) \_\_\_\_\_

*For Official Use Only*

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

Plnr Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Plan Chkr Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Insp Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval or Other Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspection 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  
HAZARDOUS MATERIALS DISCLOSURE OFFICE**

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

**HAZARDOUS MATERIALS DISCLOSURE INFORMATION**

**MANDATORY REPLY REQUIRED PRIOR TO ISSUANCE OF BUSINESS LICENSE**  
**Complete and return to the Business License Division**

PLEASE PRINT

RD#: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Number*

*Street*

*Unit*

*Zip Code*

Owner/Manager: \_\_\_\_\_

Date Business Will Start Operation: \_\_\_\_\_

Description of Business: \_\_\_\_\_

California's emergency response network requires all businesses to notify their local emergency response agency if they store or use hazardous materials above certain threshold quantities. In the City of Huntington Beach, the emergency response agency is the Fire Department, and the method of notification is by filing a Hazardous Materials Disclosure Package with the Fire Department's Hazardous Materials Disclosure Program office. Types of hazardous materials that must be disclosed include: oils, solvents, paints and coating materials, gases (compressed or cryogenic), fuels, and hazardous wastes. You are required to submit a Hazardous Materials Disclosure Package if you store or use hazardous materials in quantities equal to or greater than the following amounts:

- 500 pounds of a hazardous solid
- 55 gallons of a hazardous liquid
- 200 cubic feet of a gas (or the compressed or liquefied equivalent)
- Extremely hazardous materials that exceed the threshold amounts listed in 40 CFR 355 Appendix A
- Radioactive materials that exceed the amounts listed in 10 CFR sections 30, 40 or 70
- Hazardous wastes that exceed any of the thresholds amounts listed above
- Other materials determined to pose a significant hazard to human health and safety, or the environment

Disclosure is **NOT** required for the following types of hazardous materials:

- When contained in a food, drug, cosmetic or tobacco product.
- When packaged for direct distribution to consumers (retail products).
- When the materials are stored, used, or handled at a facility for less than 30 days.
- Infectious waste generated by health care facilities.

Please indicate which category most appropriately describes your business:

- No hazardous materials are, or will be, used, handled or stored at the above location.
- Hazardous materials are present, but in quantities less than the amounts listed above.
- Hazardous materials are used, handled, and/or stored at or above the amounts listed above.

A Fire Department representative will contact you at a later date to verify the above information and determine if you need to file a Hazardous Materials Disclosure Package. If you have any questions about the Hazardous Materials Disclosure Program, 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](http://www.surfcity-hb.org) in the Fire Department page under the section Fire Prevention.

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

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date: \_\_\_\_\_