



**CERTIFICATE OF OCCUPANCY  
CITY OF HUNTINGTON BEACH  
DEPARTMENT OF COMMUNITY DEVELOPMENT APPLICATION**

O20 \_\_\_\_ - \_\_\_\_\_

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

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

Date \_\_\_\_\_

Business Owners Name \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Business Type \_\_\_\_\_

Bus. Phone \_\_\_\_\_

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

**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 5 feet 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

**Grease Interceptor Verified** Inspected By Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

Use Permitted: Y / N

Parking Meets Code (for use): Y / N

Planning Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Building Reviewed By Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval or Other Notes: \_\_\_\_\_



South Coast  
Air Quality Management District  
21865 Copley Drive, Diamond Bar, CA 91765-4182  
Phone Number (909) 396-3529 <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: \_\_\_\_\_

1. Will the facility release air pollutants, including but not limited to, dust fumes, gas, mist, odors, smoke, vapor, or a combination of these to the atmosphere? Yes No
2. Will the facility result of fuel-burning equipment including, but not limited to, boilers, generators, and internal combustion engines? Yes No
3. Will the facility result of hazardous materials, including but not limited to, chemical, plastics, rubber, resins, solvents, paints, and other parts cleaners? Yes No
4. Will the facility have use of above or underground storage tank? Yes No
5. Will the facility consist of manufacturing, fabrications, finishing, or treatment of wood, metal or plastic products? Yes No
6. Will the facility result in the use of the equipment listed below? Yes No

(Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room                                   | <input type="checkbox"/> Internal Combustion Engine (rated > 50 bhp; e.g. back-up generator) |
| <input type="checkbox"/> Air Conditioning System (containing > 50 lbs of refrigerant)     | <input type="checkbox"/> Mixing/Blending of Liquids and/or Powders                           |
| <input type="checkbox"/> Application of Paints/Adhesive/Resins                            | <input type="checkbox"/> Molding /Extruding/Curing of Plastic                                |
| <input type="checkbox"/> Baghouse/Dust Collector  | <input type="checkbox"/> Pharmaceutical/Nutraceutical  |
| <input type="checkbox"/> Bakery Oven (gas fired)  | <input type="checkbox"/> Plasma/Laser Cutter   |
| <input type="checkbox"/> Boiler/Water Heater (max. heat input = or > 1 million BTU/hr)    | <input type="checkbox"/> Printing/Coating/Drying   |
| <input type="checkbox"/> Charbroiler/Smoker   | <input type="checkbox"/> Production of Fumes/Dust/Smoke/Odors                                |
| <input type="checkbox"/> Coffee Roaster/Afterbunner                                       | <input type="checkbox"/> Refrigeration Systems (containing > 50 lbs of refrigeration)        |
| <input type="checkbox"/> Deep Fryer (excluding equipment located at eating establishment) | <input type="checkbox"/> Soldering Oven  |
| <input type="checkbox"/> Dry Cleaning Equipment   | <input type="checkbox"/> Spray Booth   |
| <input type="checkbox"/> Electrostatic Precipitator                                       | <input type="checkbox"/> Storage of Acids/Solvents/Organics Liquids/Fuels                    |
| <input type="checkbox"/> Fermentation   | <input type="checkbox"/> Storage Silos (sugar, flour, etc.)                                  |
| <input type="checkbox"/> Gasoline Storage & Dispensing Equipment                          |  |

**If you answered "No" to any of the above questions and your facility will not have the following equipment listed, 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: \_\_\_\_\_

## **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](http://www.surfcity-hb.org) on the Fire Department page under the section Fire Prevention.