



CITY OF HUNTINGTON BEACH DEPARTMENT OF COMMUNITY DEVELOPMENT

CERTIFICATE - OF - OCCUPANCY 020 ___ - _____

- 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:	
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: _____

BUSINESS OPERATION

Type of Business (mark all applicable): Retail General Office Medical/Dental Office Assembly
 Restaurant/Take Out Manufacturing Warehouse/Storage Automotive 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

 _____ <i>Initials</i>	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.
 _____ <i>Initials</i>	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
 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: _____

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:

- | | | |
|--|--------------------------|--------------------------|
| 55 gallons or more of a liquid hazardous material or hazardous waste. | YES | NO |
| 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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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.