



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

714/536-5241

(3rd 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
- 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
 (describe process and end product) _____
 Other (describe) _____

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: _____

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 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: _____