



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 from the list below equipment currently in operation or to be installed.
(Select all that apply and provide the specifications)

- [illegible]

Section D - Business Self Certification

7. Owner or Authorized Representative*:

Title:	
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Signature: _____

Date:

Phone:	
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I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.

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.