



## City of Industry Conditional Use Permit (CUP)

15625 Mayor Dave Way • City of Industry • CA • 91744

Phone: (626) 333-2211 • Fax: (626) 961-6795

[www.cityofindustry.org](http://www.cityofindustry.org)

### Type out Application

Project Location: \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_  
Street Zip

Project Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

#### **Applicant:**

Name(As Shown on Secretary of State): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

#### **Business Information:**

Business Name: \_\_\_\_\_ Corporation Name(As Shown on Secretary of State): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Business Owner Phone Number: \_\_\_\_\_

#### **Property Owner Information: (MUST COMPLETE AND NOTARIZE THE PROPERTY OWNER CONSENT AFFIDAVIT):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

#### **Responsible Party Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

**List out the specific Conditionally Permitted Use you are requesting by name as listed in Section 17.12.025, Section 17.16.025, Section 17.18.030, Section 17.20.030.B, or Section 17.26.020 of the Industry Municipal Code:**

**Describe in detail the type of business to be conducted and the daily operations of the business:**

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(PAGE 2)

**Justification and Required Findings (17.48.050. A-E): Provide a detailed typed justification of each of the following:**

A. Whether the proposed use is consistent with the goals and objectives of the general plan and any applicable redevelopment plan;

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B. Whether the site is adequate in size, shape, topography and location for the proposed use and there will be adequate utilities to accommodate the proposed use;

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C. Whether there will be adequate street access, traffic circulation and parking capacity for the proposed use;

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D. Whether the proposed use is compatible with the surrounding properties and uses; in making this finding, consideration shall be given to the potential for changes in the uses of surrounding properties; and

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E. Whether the proposed use will not be detrimental to the public health, safety or general welfare;

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**Any of the following items may be required based upon further review of the conditional use permit application: Check all that are provided at this time.**

*(Keep in mind that additional studies not listed may be required by City staff.)*

<input type="checkbox"/> Air Quality Study	<input type="checkbox"/> Arborist Report	<input type="checkbox"/> Archeological Survey	<input type="checkbox"/> Biological Assessment
<input type="checkbox"/> Cost/Benefit Economic Analysis	<input type="checkbox"/> Cultural Resources Report	<input type="checkbox"/> Geology/Geological Report	<input type="checkbox"/> Greenhouse Gas Emissions Report
<input type="checkbox"/> Historic Resources Study	<input type="checkbox"/> Human Health Risk Assessment	<input type="checkbox"/> Land Use Consistency Analysis	<input type="checkbox"/> Hydrology Study
<input type="checkbox"/> Noise Study	<input type="checkbox"/> Parking Study	<input type="checkbox"/> Pedestrian Safety Study	<input type="checkbox"/> Phase I and Phase II Reports
<input type="checkbox"/> Photometrics/Lighting Study	<input type="checkbox"/> Preliminary Geotechnical Report	<input type="checkbox"/> Sewer Study	<input type="checkbox"/> Shade/Shadow Analysis
<input type="checkbox"/> Soils Report	<input type="checkbox"/> Storm Water Quality Management Plan	<input type="checkbox"/> Traffic Study (Level of Service – LOS)	<input type="checkbox"/> Water Supply Assessment

Other(s) Not Listed: \_\_\_\_\_



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(PAGE 3)

### Additional Project Information (Existing and Proposed) Include on Plans

Zoning:	General Plan:	Gross Project Acreage:
Days of Operation:	Hours of Operation:	Number of Employees:
Total Building Square Footage:	Total Square Footage of Business:	Existing Use/Proposed Use:
Floor Area Ratio (FAR):	Existing or Proposed Landscape area (Square-footage):	Lot Coverage:
SIC Code:	NAICS Code:	Type of Alcohol License being Requested:
Setback:	Number of Total Parking Spaces:	Number of Bicycle Racks:
Number of ADA Parking Spaces:	Number of Compact Parking Spaces:	Number of Standard Parking Spaces:

### **BUSINESS OWNER DECLARATION**

I declare that the statements and information contained in this application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zone, building, fire and all other applicable laws, ordinances and regulations pertaining to the operations of such business. Furthermore, I agree to notify the City of Industry Planning Department within ten (10) days of any change in the facts stated herein.

Applicant Name: \_\_\_\_\_

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

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



## City of Industry Planning Division

15625 Mayor Dave Way  
City of Industry • CA • 91744  
Phone: (626) 333-2211

## Conditional Use Permit Check List

Page 1 of 4

### Development Plan Review Checklist (Incomplete Applications will NOT be accepted)

#### I. Submittals:

##### A. First Submittal

This first submittal will be reviewed internally by City staff and responsible agencies.

The following items are required with the application:

- ☐ Completed Property Owner Consent Form (Attached)
- ☐ Completed Application for Commercial Waste (Attached)
- ☐ Completed Environmental Information Form (Attached)
- ☐ Completed Solid Waste Generator – Form 104 (Attached)
- ☐ Completed Supplement A Form (Attached)
- ☐ A vicinity map on an aerial with subject site and streets clearly labeled. The vicinity map shall be of a scale to show entirety of all adjacent properties.
- ☐ A map indicating all properties within 300' of the exterior boundaries of the subject site
- ☐ A correlated property owners list providing the property owners' names and addresses for these properties (This certified list must be prepared from the last equalized assessment roll of the County of Los Angeles Tax Assessor's Office)
- ☐ Two (2) sets of self adhesive with the names and addresses reflecting the 300' radius property owners list (Labels and parcels must be numbered to correspond with each other)
  - Public Hearing Information: Submit the items listed below (**If Applicable**).
  - A list of all property owners within the project's required mailing radius of 300 ft. The mailing list information shall be obtained from the latest Los Angeles County Equalized Assessment Rolls.
  - 1" x 2 ¾" Self-adhesive, typed address labels (two sets) listing the name, address and assessor's parcel number of all property owners within the project's mailing radius
  - A radius map clearly drawn in red ink on the Assessor's Parcel maps showing the subject site and all properties within 300 ft. of the exterior boundaries of the project site. The Assessor's pages shall be merged together on an 8 ½" x 11" format.
  - One labeled business size envelope (Size 10; 4 ⅛" x 9 ½") prepared for mailing for each name on the mailing list with the City's return address as shown below. (Must be First Class® postage Forever Stamps, they are non-denominational, which means that they can be used to mail First Class letters no matter what the postal rate).
- ☐ One (1) check in the amount of \$10,000.00 (This is a fee deposit)
- ☐ Plan Package: Two (2) full size plan sets to include:



## City of Industry Planning Division

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## Conditional Use Permit Check List

Page 2 of 4

- Site Plan
- Existing Structure/Demo Plan
- Floor Plan
- Elevations
- One (1) USB Flash Drive/Digital Set with PDF files of plan sets
- All plan sets shall be collated, folded and stapled as a complete set. (See Section 2)

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

### B. Second Submittal:

The required items listed below shall incorporate all the comments from the first Planning review

- ☐ Revised plan sets: Quantity to be determined by Project Planner.
- ☐ Deposit Reimbursement Agreement - An agreement will be required for all Projects submitted to the Planning Department. This will be arranged subsequent to all formal submittals. Payment fees along with the signed agreement will be required upfront for Staff to continue to the entitlement process.
- ☐ Any additional information required pertinent to the project proposed.

### C. Third Submittal:

After completing required reviews, and prior to scheduling for approval, the following required items must be submitted:

- ☐ A revised full size set of colored plans.
- ☐ Provide a 3D colored rendering of the completed building in relation to berming, landscape, parking lot, etc. The main image should be looking at the building from the public right-of-way.
- ☐ A revised digital colored photograph of the colors and materials board.
- ☐ Any additional information required pertinent to the project proposed.

## II. Plans:



**City of Industry**  
**Planning Division**

15625 Mayor Dave Way  
City of Industry • CA • 91744  
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**Conditional Use Permit**  
**Check List**  
Page 3 of 4

**A. Plan Requirements**

1. All full size plans shall be drawn on uniform sheets of 24" x 36" or 30" x 42".
2. All site and landscaped plans shall be drawn to an engineering scale of 1"=20', 1"=30', 1"=40', or 1"=50', with the scale clearly labeled (Grading plan scale shall not exceed 1"=40').
3. All elevations shall be drawn to an architectural scale no smaller than 1/4"=1' (a scale of 1/8" =1' may be used for larger commercial or industrial buildings as determined by the Planning Division).
4. All submitted plans shall be collated, folded and stapled as a complete set.
5. All plans shall be clear, legible and accurately scaled.
6. All site plans shall contain a north arrow, vicinity map and a legend identifying any symbols.
7. A one-sheet index map shall be provided when a plan cannot contain the entire project on one sheet.
8. Clearly label all building/structure setbacks.
9. Existing versus proposed improvements shall be clearly identified. Existing features/improvements shall be shown by solid lines. Future improvements should be shown by long dashes.
10. Truck turning radius shall be made visible on plans.
11. Include and correctly dimension all perimeter and interior property lines and indicate which lines will be removed or created and by what instrument.
12. Depict the location and dimensions of all existing and proposed easements and all property to be dedicated to the City for street or other purposes. (If Applicable)
13. Dimension all existing and proposed buildings on the site and depict the footprint and square footage of all structures to be demolished or removed.
14. Include and dimension all existing and proposed landscape and building setbacks.
15. Show and fully dimension all landscape areas, loading zones, drop-off areas, trash enclosures, and the location of all existing and proposed utility meters and services including transformers.
16. Show the height, location, and construction type of all existing and proposed fences or walls.
17. Fully dimension the proposed disabled access routes of travel, pedestrian walkways, parking lot, drive aisles, and parking stalls.
18. Dimension and label all abutting streets and alleyways (from street/alley centerline to curb, centerline to property line, and curb to property line) as well as the location of all driveways, streets and alleys intersecting into abutting streets.

**B. Elevations: (show all of the following)**

1. Illustrative elevations of all sides of all buildings and structures (including trash enclosures, walls, and fences etc.)
2. Illustrative cross-sections and enlargements or architectural elements or details as needed



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**Conditional Use Permit**  
**Check List**  
Page 4 of 4

3. All exterior building materials and architectural style(s) clearly labeled on each sheet of elevations
4. The height of walls, roof element, and the height of any architectural features
5. Provide a 3D rendered image of the completed building in relation to berming, landscape, parking lot, etc. The main image should be looking at the building from the public right-of-way

**C. Floor Plans: (show all of the following)**

1. Label use of each area (warehousing, manufacturing, office, showroom, kitchen, dinning area, waiting area, etc.)
2. Dimensions of all walls.



# CITY OF INDUSTRY

15625 Mayor Dave Way City of Industry CA 91744  
(626) 333-2211 FAX (626) 961-6795  
[www.cityofindustry.org](http://www.cityofindustry.org)  
[planning@cityofindustry.org](mailto:planning@cityofindustry.org)

## PROPERTY OWNER CONSENT AFFIDAVIT FOR CONDITIONAL USE PERMIT APPLICATION

**\*\*THIS FORM MUST BE NOTARIZED\*\***

**BUSINESS DESCRIPTION** \_\_\_\_\_

**BUSINESS LOCATION** \_\_\_\_\_

STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES) SS  
CITY OF INDUSTRY )

DATE: \_\_\_\_\_

I/We, \_\_\_\_\_, \_\_\_\_\_, the **OWNER(s)** of the Real Property involved in this application, do hereby consent to the filing of this application. I/We do hereby appoint the following person(s) as my agent(s) to act on my behalf on the foregoing application:

**OWNER'S AGENT:** \_\_\_\_\_ Phone No. \_\_\_\_\_  
(e.g. Property Manager) (Printed Name of Agent)

**Address of Owner's Agent:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**OWNER:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_  
(Signature) (Signature)

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Number) (Street) (Number) (Street)  
(City) (State) (Zip) (City) (State) (Zip)

**NOTE:** A NOTARIZED OWNER'S AFFIDAVIT IS REQUIRED AS PARTY OF ALL APPLICATIONS. IF OWNERSHIP IS HELD OTHER THAN BY AN INDIVIDUAL, PROOF, IN THE FORM OF A SPECIAL POWER OF ATTORNEY, AUTHORIZED CORPORATE RESOLUTION, PARTNERSHIP AGREEMENT OR OTHER ACCEPTABLE DOCUMENT(S) SHALL BE SUBMITTED TO THE CITY ALONG WITH THE NOTARIZED SIGNATURES OF THOSE OFFICERS AUTHORIZED TO SIGN ON BEHALF OF THE CORPORATION OR PARTNERSHIP. PLEASE NOTE THAT OUR APPLICATION MAY NOT BE DETERMINED TO BE COMPLETE UNLESS AND UNTIL OWNERSHIP CAN BE VERIFIED.

### FOR NOTARY USE ONLY

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_ by \_\_\_\_\_  
(Printed Name of Owner As Signed Above) (Printed Name of Owner As Signed Above)

*proved to me on the basis of satisfactory evidence to be the person(s) who appeared to me.*

\_\_\_\_\_  
NOTARY PUBLIC **SEAL**





# CITY OF INDUSTRY

## SOLD WASTE GENERATOR RECYCLING AND TRASH- (Form 104)

### GENERATOR INFORMATION – REQUIRED BY ALL BUSINESSES

\*Company Name: \_\_\_\_\_

\*Site Address: \_\_\_\_\_ \*City: City of Industry State: California

\*Zip Code: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_

\*Primary Contact: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Title: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Title: \_\_\_\_\_

\* **Required Information** ☐ **I opt-out of receiving City of Industry official information via email.**

Chapter 8.20 of the City of Industry Municipal Code requires that each business located in the City register as a solid waste generator (trash/rubbish/refuse) and choose between the three options below (A, B, or C) for the collection of recyclable materials generated on site.

### PREFERRED OPTION FOR MANAGING RECYCLABLES

- ☐ **A) Solid Waste Option** – Your business (the generator) chooses to include the recyclable materials with the solid waste and have it handled by Valley Vista Services. Valley Vista will separate, recycle, and prepare the required reports.
- ☐ **B) Self-Haul Option** – Your business (the generator) chooses to obtain a self-haul permit and assume full responsibility for placing the recyclable materials in the approved bins, hauling the materials, and preparing the required monthly reports. Self-haulers must obtain a Self-Haul Permit from the City and haul the recyclable materials to a registered recycling facility. (See reverse for the requirements and City's Ordinance regarding the Self-Haul Option).
- ☐ **C) Recyclable Collector Option** – Your business (the generator) chooses to contract with one of the City's permitted collectors to recycle the material(s) per the requirements of Chapter 8.20 of the Industry Municipal Code. You may find a list of permitted recyclers on the City's website or by using the following link: (<http://www.cityofindustry.org/city-hall/departments/development-services/environmental-programs-services>)

If you checked boxes **B** or **C** above, please answer the questions below:

1. Does your location have an existing "Commercial Recycling Program" serviced by a collector? ☐ Yes ☐ No  
If yes, provide the collector's name: \_\_\_\_\_
2. Does your location have an existing "Organics Recycling Program" serviced by a collector? ☐ Yes ☐ No  
If yes, provide the collector's name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Form 104 – Rev 3/17/20

Please remit via fax to: (866) 963-0137, or email: [info@munienvironmental.com](mailto:info@munienvironmental.com), or  
Mail to: City of Industry, P.O. Box 3366, City of Industry, California 91744-0366

**CITY OF INDUSTRY**  
**APPLICATION FOR COMMERCIAL/INDUSTRIAL WASTE SERVICE**

# Environmental Information Form

The Environmental Information Form is intended to provide the basic information necessary for the evaluation of your project to determine its potential environmental impacts. This review provides the basis for determining whether the project may have a significant impact on the environment, as required by state law, or more specifically, the California Environmental Quality Act (CEQA). After this information has been evaluated by the Planning Department, a determination will be made regarding the appropriate environmental documentation for your project, in accordance with the CEQA Guidelines.

If no significant environmental impacts are anticipated, or if impacts can be mitigated or avoided by a change or specific requirement in the project’s design or operation, a Negative Declaration or Mitigated Negative Declaration will be prepared. If potential significant environmental impacts are identified, an Environmental Impact Report must be prepared, which focuses on the areas of concern identified by the Initial Study.

The City of Industry, as Lead Agency, is required to comply with CEQA. In order to assist us in completing this required environmental review, please provide us with the information outlined below. Please note that upon review of the submitted information, City staff may request additional supporting documentation to assist in the environmental analysis of your project to ensure compliance with CEQA.

This Environmental Information Form works in concert with the other applications. Both need to be completed in order for your application to be accepted as complete. If you need assistance in completing the Environmental Information Form, or have questions regarding the environmental review procedures, please contact the Planning Department at (626) 333-2211.

## General Information

1. Name developer, agent, or project sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Zip*

2. Project name: \_\_\_\_\_ Assessor’s Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Zip*

## Environmental Setting (Attach additional sheets and photos as necessary)

1. Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical, or scenic aspects:

2. Provide photographs of the site and describe any existing structures onsite and the use of the structures:

3. Describe the surrounding properties (north, east, south, and west of the project site), including information on plants and animals and any cultural, historical, or scenic aspects. Indicate the type of land use (industrial, commercial, etc.), intensity of land use (warehousing, shops, department stores, etc.), and scale of development (height, frontage, setback, rear yard, etc.).:

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4. Provide photographs of the surrounding uses and adjoining properties.

**Project Description (attach additional sheets as necessary)**

1. List and describe any other permits and approvals required for project implementation, including those required by local, regional, state, and/or federal agencies:

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2. List any other development proposals associated with the project and its relationship to a larger project or series of projects, if any:

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3. Demolition proposed:      No: \_\_\_\_\_      Yes: \_\_\_\_\_      Square feet: \_\_\_\_\_

4. Tentative development schedule including start and completion dates, and phasing if proposed:

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5. If commercial or office, indicate the type, whether neighborhood, city or regionally oriented, square footage, anticipated hours of operation, estimated employees per shift and number of shifts, and location of loading facilities and anticipated hours of loading/delivery operations:

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6. If industrial, manufacturing or warehouse, indicate the type and major function, square footage, anticipated hours of operation, estimated employees per shift and number of shifts, and location of loading facilities and anticipated hours of loading/delivery operations:

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7. If institutional, indicate the type and major function, square footage, anticipated hours of operation, estimated employees per shift and number of shifts, location of loading facilities and anticipated hours of loading/delivery operations, and community benefits to be derived from project:

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8. If the project involves an exception, conditional use permit, or re-zoning application, state this and indicate clearly why the application is required:

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### Potential Environmental Impacts

If any of the following items are applicable to your project please discuss (use a separate sheet as necessary).

- |   | Yes | No |
|---|-----|----|
| 1. Change in existing features of any drainage ways or hills, or substantial alteration of any ground contours.   |     |    |
| 2. Change in scenic views or vistas from existing residential areas or public lands or roads.   |     |    |
| 3. Change in pattern, scale, or character of the general area of the project.   |     |    |
| 4. Result in significant amounts of solid waste or debris.  |     |    |
| 5. Change in or introduction of air emissions (e.g., dust, ash, smoke, fumes) or odors in the vicinity during grading and/or construction phases.             |     |    |
| 6. Change in surface water (e.g., channel, stream) or ground water quality or quantity.   |     |    |
| 7. Substantial alteration of existing drainage patterns that could lead to flooding on- or offsite.   |     |    |
| 8. Substantial change in noise or vibration levels in the project vicinity during grading and/or construction phases.   |     |    |
| 9. Substantial change in traffic patterns and circulation in the project vicinity.  |     |    |
| 10. Substantial change in topography of project site and/or vicinity.   |     |    |
| 11. Site located on filled land or on slopes of 10 percent or more.   |     |    |
| 12. Use or disposal of potentially hazardous materials, such as toxic substances, flammables, or explosives.  |     |    |
| 13. Substantial change in demand for public services and utilities and service systems (police, fire, water, wastewater, solid waste, electricity, gas, etc.) |     |    |
| 14. Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)   |     |    |

***What studies have been prepared for this site that might assist the City in reviewing the potential environmental impacts of the project? Some examples of such studies include environmental site assessment, soils and geology study, biological resources study, cultural resources study, hydrology study, etc. These studies may have been prepared for this project or some earlier development project. Supporting documentation or studies may answer questions and facilitate the processing of your application.***

#### **Certification**

I am the legal owner of the property that is the subject of this application or have been authorized by the owner to act on his/her behalf regarding this application. I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I further acknowledge that any false statements or information presented herein may result in the revocation of any approval or permit granted on the basis of this information.

Name of preparer: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_

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



**CITY OF INDUSTRY BUSINESS  
LICENSE ( A.K.A. USE PERMIT)  
SUPPLEMENT A**

Before any application can be accepted as complete, the applicant must obtain a Fire Department stamp of approval on this form. In order to obtain approval, the applicant must submit a **COMPLETED** application to the LOS ANGELES COUNTY FIRE PREVENTION DIVISION located at:

5200 IRWINDALE AVE., #210  
IRWINDALE, CA 91706  
PHONE: (626) 430-3050

The Fire Prevention Bureau has reviewed the application for \_\_\_\_\_  
proposed at \_\_\_\_\_, City of Industry.  
*street zip code*

***OFFICE USE ONLY***

**Recommendation is:**

- ☐ APPROVAL - The proposed use and building meets Fire Prevention requirements.
- ☐ DENIAL - The proposed use and/or building failed the minimum Fire Prevention requirements.

**Comments:**

- ☐ Provide U.L. approved, fire extinguisher(s) - minimum rating: \_\_\_\_\_  
within \_\_\_\_\_ feet travel distance.
- ☐ Sprinkler system shall be monitored by a fire alarm company (100 sprinkler heads or more).
- ☐ Provide a 5-year certification test on the sprinkler system.
- ☐ Contact the Fire Department within 2 weeks after occupancy for field inspection.  
\_\_\_\_\_ occupancy only.

File for the following permits:

- ☐ Flammable Liquids Storage or Use
- ☐ High-pile Stock. Commodity classification
- ☐ Other
- ☐ Do not occupy building until all Fire Department requirements are met.

**Fire Department Stamp**

***Checklist (completed by applicant)***

- |  |  |
|--|--|
| <input type="checkbox"/> Complete Statement of Intended Use                          | <input type="checkbox"/> Complete Hazardous Materials Declaration            |
| <input type="checkbox"/> Complete Fire Extinguisher Requirements                     | <input type="checkbox"/> Complete High-Piled Combustible Storage Declaration |
| <input type="checkbox"/> Complete Occupant Emergency Information Form                | <input type="checkbox"/> Include Floor and Site Plan                         |
| <input type="checkbox"/> Provide Statement of Intended Use Letter signed by Business | <input type="checkbox"/> Obtain stamp on Use Permit Supplement A             |
| <input type="checkbox"/> Owner or Authorized Agent                                   |  |



# COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

## East Region Office

5200 Irwindale Ave. #210, Irwindale, CA 91706

Office (626) 430-3050

Form 30 (5/14)

Hours of Operation M-F 8am – 4pm Closed Daily 12-1pm

## NOTICE TO PROSPECTIVE BUSINESSES STATEMENT OF INTENDED USE

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the Fire, Building, and Life Safety Codes. To help us assess what particular laws apply to your business, please provide the following information:

### PART I – Building Information

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

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

Number of Buildings: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Square footage: \_\_\_\_\_

### PART II – Questionnaire

		YES	NO
1.	Will you have over 500 square feet of <u>high-piled combustible storage</u> ? (> 12' or > 6' for High Hazard Commodities) See Part V of this form for more information.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will you be storing more than 2500 cubic feet of miscellaneous <u>combustible materials</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will you store, transport on site, dispense, use, or handle <u>hazardous materials</u> ? (FC Table 105.6.20)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Will you store, handle, use, apply, or dispense <u>flammable or combustible liquids or powder coating</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will you store, handle, or use <u>compressed gases including liquefied petroleum gases</u> ? (FC Table 105.6.8)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Will you produce, store, handle, or transport onsite <u>cryogenic fluids</u> ? (FC Table 105.6.10)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Will you store, use, or handle <u>radioactive materials</u> more than 1 microcurie or any amount that requires a permit from The Nuclear Regulatory Commission?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Will you store or handle more than 25 lbs of <u>pyroxylin plastics</u> or use any such material in a manufacturing process?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Will you melt, cast, heat treat, or grind more than 10 lbs of <u>magnesium or other combustible metals</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Will your store or handle an aggregate quantity <u>aerosol products</u> in excess of 500 lbs. net weight?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Will you manufacture more than one gallon of <u>organic coating</u> per day?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Will you store, handle, sell, or use any <u>model rocket engines, pyrotechnic materials, or fireworks</u> ?	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO
13. Will you have a <u>refrigeration</u> system with >220 lbs Group A1 or 30 lbs of any other refrigerant?	<input type="checkbox"/>	<input type="checkbox"/>
14. Will you store or handle loose <u>combustible fibers</u> in excess of 100 cubic feet?	<input type="checkbox"/>	<input type="checkbox"/>
15. Will you install or operate a stationary <u>lead-acid battery system</u> with more than 100 gallons of liquid capacity?	<input type="checkbox"/>	<input type="checkbox"/>
16. Will you conduct fruit or crop ripening operations using <u>ethylene gas</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
17. Will you <u>produce combustible dust</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Will you operate a <u>place of assembly</u> (drinking, dining, or gathering) with a single room occupant capacity of 50 or more people?	<input type="checkbox"/>	<input type="checkbox"/>
19. If YES to #18, Will you have <u>liquid or gas fueled vehicles or equipment</u> ; use <u>open flames or candles</u> ; or store, use, or handle <u>cellulose nitrate film</u> in assembly occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
20. Will you operate a <u>carnival or a fair, or an amusement, covered mall, exhibit or trade show building</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
21. Will you use <u>dry cleaning equipment</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
22. Will you operate an <u>industrial baking oven or a power coating or spray finish booth or room</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will you be conducting <u>welding, cutting, or other hot work operations</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will you be using <u>open-flame devices including torches, candles, lanterns, or portable cooking appliances</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will you conduct any form of <u>open burning, or create a bonfire, rubbish, or recreational fire</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will you be conducting activities or create a condition near a <u>hazardous fire area</u> (wildfire area) that could accidentally ignite a wildfire?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will you have a <u>lumberyard or wood working plant, which</u> stores or processes 100,000 board feet of lumber?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will you store <u>wood chips, hogged material, lumber, or plywood</u> in excess of 200 cubic feet?	<input type="checkbox"/>	<input type="checkbox"/>
29. Will you conduct any <u>fumigation or thermal insecticidal fogging</u> operations?	<input type="checkbox"/>	<input type="checkbox"/>
30. Will you operate an <u>auto wrecking, waste handling, or commercial rubbish handling facility</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
31. Will you <u>remanufacture tires</u> or store over 2,500 cubic feet of tires or <u>tire byproduct</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
32. Will you operate a <u>repair garage</u> or <u>fuel dispensing facility</u> for automotive, marine, or fleet equipment?	<input type="checkbox"/>	<input type="checkbox"/>
33. Will you perform <u>floor finishing</u> over 350 sq ft using Class I or II liquids?	<input type="checkbox"/>	<input type="checkbox"/>
34. Will you operate a <u>temporary sales lot</u> for the sale of Christmas trees or pumpkins?	<input type="checkbox"/>	<input type="checkbox"/>
35. Will you install or use any type of <u>temporary membrane structure, tent, or canopy</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
36. Will you conduct any <u>motion picture, television, commercial or related film production</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
37. Will you be removing or using a <u>privately owned fire hydrant</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

**PART II – Questionnaire continued...**

**YES NO**

38. Is your building equipped with automatic fire sprinklers?

☐ ☐

If YES, provide the following information: *(The following information can usually be found on the main sprinkler system riser for each system or the Fire Department Connection (FDC) or can sometimes be obtained from the property owner.)*

- a) Date of last fire sprinkler system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): \_\_\_\_\_
- b) Below is a list of common types of sprinkler systems. Complete the information for the type of system installed in your building:
- ♦ **CALCULATED:** \_\_\_\_\_ GPM/SqFt \_\_\_\_\_ Design Area (i.e. .3/3000)
  - ♦ **PIPE SCHEDULE (non-calculated):** \_\_\_\_\_ Light Hazard \_\_\_\_\_ Ordinary Hazard \_\_\_\_\_ Extra Hazard
  - ♦ **EARLY SUPPRESSION FAST-RESPONSE (ESFR):** \_\_\_\_\_ PSI ESFR K Factor \_\_\_\_\_

c) Is the sprinkler system electronically supervised? If YES then:

☐ ☐

Fire sprinkler alarm monitoring company: \_\_\_\_\_

39. Is your building equipped with a standpipe system (fire hose or fire hose connections)? If YES:

☐ ☐

- a) Type and location: \_\_\_\_\_  
(Certification information can usually be found on labels on the main standpipe system riser for each system)
- b) Date of last standpipe system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): \_\_\_\_\_

40. Is your building equipped with any other type of manual or automatic fire extinguishing system? *(Halon, Clean Agent, FM-200, Kitchen Hood System, Spray Booth)* If YES then:

☐ ☐

- a) Type and location: \_\_\_\_\_
- b) Date of last automatic extinguishing system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): \_\_\_\_\_

41. Is your building equipped with a manual or automatic fire alarm system? *(smoke detector, heat detector, or manual pull)* If YES then:

☐ ☐

- a) Date of last alarm system test: \_\_\_\_\_
- b) Is the fire alarm system electronically supervised? If YES:
- Fire alarm monitoring company: \_\_\_\_\_

42. Maximum number of employees working at one time: \_\_\_\_\_

☐ ☐

43. Hours of operation: \_\_\_\_\_ To \_\_\_\_\_

44. Describe the method of disposing of combustible or hazardous waste materials:

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## PART III – Intended Use Statement

1. **SUBMIT A LETTER:** Submit a signed, legible letter (**Must be typewritten and on your company's letterhead**) stating your intended use for the property. In the letter, describe materials you will be storing and using on the property. Explain the method of storage (e.g., racks, pallets), storage dimensions, and where the materials will be located on the property. Describe how you will be using the materials. Provide details to any item(s) marked "yes" in Part II and explain any planned alterations to the building. (**See attached example**).
2. **SUBMIT SITE PLAN / FLOOR PLAN:** Submit site plan drawn to rough scale showing the property size and location, building size and location on property, both in square feet. Show all exit doors, fire extinguishers, fire hose cabinets, special fire or life safety systems, and any item(s) marked "yes" in Part II. (**See attached example**). **MUST BE IN 8 1/2" X 11"**

## PART IV – Hazardous Materials Non-Handler Declaration:

### **HAZARDOUS MATERIALS NON-HANDLER DECLARATION (FORM 585)**

{ } THIS BUILDING WILL USE HAZARDOUS MATERIALS IN EXCESS OF NON-REPORTABLE AMOUNTS.

{ } THIS BUILDING WILL NOT USE HAZARDOUS MATERIALS OR USES NON-REPORTABLE AMOUNTS.

A hazardous material may be broadly defined as any material that because of its quantity, concentration, or physical or chemical characteristics, poses a significant, present, or potential hazard to human health and safety, property, or to the environment. A hazardous material includes, but is not limited to, any substance or material which the handler or the administering agency has a reasonable basis for believing would be injurious to a person's health and safety or harmful to the environment if released into the work place or surrounding areas.

**By signing below, I declare that the above named business, organization, or occupant will not handle a hazardous material or mixture containing hazardous material which has a quantity at any one time during the reporting year equal to, or greater than, a total weight of 500 pounds, or a total of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas.**

Print Name and Title of Declarer: \_\_\_\_\_ Date: \_\_\_\_\_

Declarer Signature: \_\_\_\_\_ Fire Department Representative: \_\_\_\_\_

## PART V – High-Piled Combustible Storage:

In Chapter 23 of the County of Los Angeles Fire Code, high-piled combustible storage is defined as: Storage of combustible materials [product and/or packaging] in closely packed piles (floor storage) or combustible materials on pallets, in racks, or on shelves where the top of storage is **greater than 12 feet in height**. High-piled combustible storage also includes certain high hazard commodities, such as rubber tires, 'Group A' plastics, flammable liquids, idle pallets, and similar commodities, where the top of the storage is greater than six feet in height.

It is very important to contact a fire inspector prior to consideration of storing high-piled combustible storage. Many of the permit requirements must be built into your building. If your building is not approved for high-piled combustible storage, it may be cost prohibitive. For example, if you have a pipe schedule sprinkler system no high-piled storage is permitted until the system is calculated. A fire inspector can assist you with fire department requirements.

{ } THIS BUILDING WILL NOT BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE.

{ } THIS BUILDING WILL BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE. "**Permit Required**." Contact a Fire Inspector for permit requirements.

{ } THIS BUILDING IS A SPECULATION BUILDING WITHOUT A TENANT AT THIS TIME. The tenant will be notified to contact the Fire Department prior to use of the building.

## **FIRE DEPARTMENT STAMP**

TO GET A STAMP FROM THE FIRE DEPARTMENT YOU MUST BRING THE FOLLOWING ITEMS TO THE JURISDICTIONAL FIRE PREVENTION OFFICE:

- THE STATEMENT OF INTENDED USE FORM 30, COMPLETELY FILLED OUT
- A SIGNED LETTER FROM THE BUSINESS OWNER, OR AUTHORIZED AGENT (SEE PAGE 4)
- A FLOOR PLAN / SITE PLAN OF THE BUILDING
- THE OCCUPANT EMERGENCY INFORMATION, COMPLETELY FILLED OUT (PAGE 7)

### **FIRE DEPARTMENT STAMP:**

### **THE FOLLOWING PERMITS ARE REQUIRED:**

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PERMIT INFORMATION SHEETS WILL BE PROVIDED FOR REQUIRED PERMITS. (Permit Information Sheets are also available for viewing on our website. Go to [www.fire.lacounty.gov](http://www.fire.lacounty.gov), under Fire Prevention Division look for "Permit Requirements.")

PERMITS WILL ONLY BE ISSUED BY A FIRE INSPECTOR. PLEASE CONTACT YOUR FIRE INSPECTOR TO SCHEDULE AN INSPECTION.

## **FIRE EXTINGUISHER REQUIREMENTS**

**(This section to be completed by Fire Department personnel.)**

### **Primarily Class A Fire Hazards (Ordinary Combustibles):**

- { } Light Fire Hazard: Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible, conspicuous area. One extinguisher is required for every 6,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point hazard involved. Mount in an accessible and conspicuous location.
- { } Ordinary Fire Hazard: Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible, conspicuous area. One extinguisher is required for every 3,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point of the hazard involved. Mount in an accessible and conspicuous location.
- { } Extra Fire Hazard: Provide a fire extinguisher with a minimum Class A rating of 4. One extinguisher is required for every 4,000 square feet. Travel distance to a fire extinguisher shall not exceed 75 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.

### **Class B Fire Hazards Present (Flammable/Combustible Liquids with depths .25" or less):**

- { } Light Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 10 mounted in an accessible, conspicuous area. The travel distance to a fire extinguisher shall not exceed 50 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.
- { } Ordinary Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 10 with an allowable a maximum or 30 feet travel distance or a fire extinguisher with a minimum Class B rating of 20 with a maximum allowable travel distance of 50 feet from the hazard involved. Mount in an accessible and conspicuous location.
- { } Extra Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 40 with a maximum feet travel distance of 30 feet or a fire extinguisher with a Class B rating of 80 with allowable maximum travel distance of 50 feet from the hazard involved. Mount in an accessible and conspicuous location.

### **Special Hazard Protection (Grease and Combustible Metal):**

- { } Commercial Kitchen Hood System – One Class K fire extinguisher shall be placed within 30 feet of all grease cooking operations in a commercial kitchen. Protection of a multiple deep fat fryer appliance installation shall be as per Fire Code 904.11.5.2. Mount in an accessible and conspicuous location. Care shall be used to insure that the K Class extinguisher and not the other type of extinguishers will be used in the event of a grease fire involving cooking equipment. Multi-purpose fire extinguishers may compromise the effectiveness in wet chemical kitchen hood extinguishing systems.
- { } Hazards involving the ignition of Class D combustible metals such as magnesium, titanium, zirconium, sodium, lithium, and potassium shall be protected as per NFPA 10 standard for areas where combustible metal powders, flakes, shavings, chips, or similarly sized products are generated. Travel distance to a fire extinguisher/fire extinguishing agent shall not exceed 75 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.

See Fire Code Table 906.1 for additional specified areas for required fire extinguisher placement.

# Occupant Emergency Information

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**GENERAL INFORMATION:**

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

DBA/AFA/FKA: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

\_\_\_\_ new construction, name change, or ownership change: \_\_\_\_\_

\_\_\_\_ a new occupant moving in and the previous occupant/business has moved out \_\_\_\_\_

\_\_\_\_ sharing the above address with another occupant/business by the name of: \_\_\_\_\_

Mailing Address (only if different than above): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Generic E-mail: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Senior Person: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Property Use: \_\_\_\_\_

Hazardous Material: \_\_\_\_\_

Notes/Special Concerns: \_\_\_\_\_

Thomas Guide: \_\_\_\_\_ Cross Street: \_\_\_\_\_

City License/Permit #: \_\_\_\_\_ Zone \_\_\_\_\_ Fire Station #: \_\_\_\_\_

Water Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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**PROPERTY INFORMATION:**

Landlord/Property Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Occupancy Code: \_\_\_\_\_ Roof Type: \_\_\_\_\_ SQFT: \_\_\_\_\_ Stories: \_\_\_\_\_ High Piled: \_\_\_\_\_ Fire Sprinklers: \_\_\_\_\_

Basement: \_\_\_\_\_ Target Hazard: \_\_\_\_\_ HM Handler: \_\_\_\_\_ FD Permit: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION: (24 Hour number – usually home phone)**

1st Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2nd Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3rd Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**(Sample Statement of Intended Use Letter)**  
**MUST BE TYPEWRITTEN**

Big Ben Furniture Company  
1000 South Anyplace  
Your City, CA 00000

April 26, 2002

To Whom It May Concern:

The following information is in answer to your request regarding the business operation to be conducted at the above address.

1. Operations conducted in the building are as follows:
  - a) Upholstery – manufactures loose cushions for wood and metal furniture as well as some fully upholstered furniture.
  - b) Plastic furniture – manufacture plastic furniture out of extruded plastic tubing. Operations include cutting, thermoforming and assembly.
  - c) Spray painting – painting of all necessary items. All spray painting to take place in spray booth.
  - d) Warehousing of wood and metal furniture components.
  - e) General office activities.
2. See attached plot plan.
3. Materials to be stored include the following.
  - a) Metal and wood furniture frames stacked upon themselves
  - b) Wood furniture parts palletized.
  - c) Upholstery materials in racks 6 feet high.
  - d) Plastic tubing and furniture parts in racks 6 feet high.
4. Materials are stored both in racks, on pallets, and free standing. Maximum height of storage is 10 feet.
5. No alterations are planned at this time.

Sincerely,

John J. Jones  
President

JJJ:ab

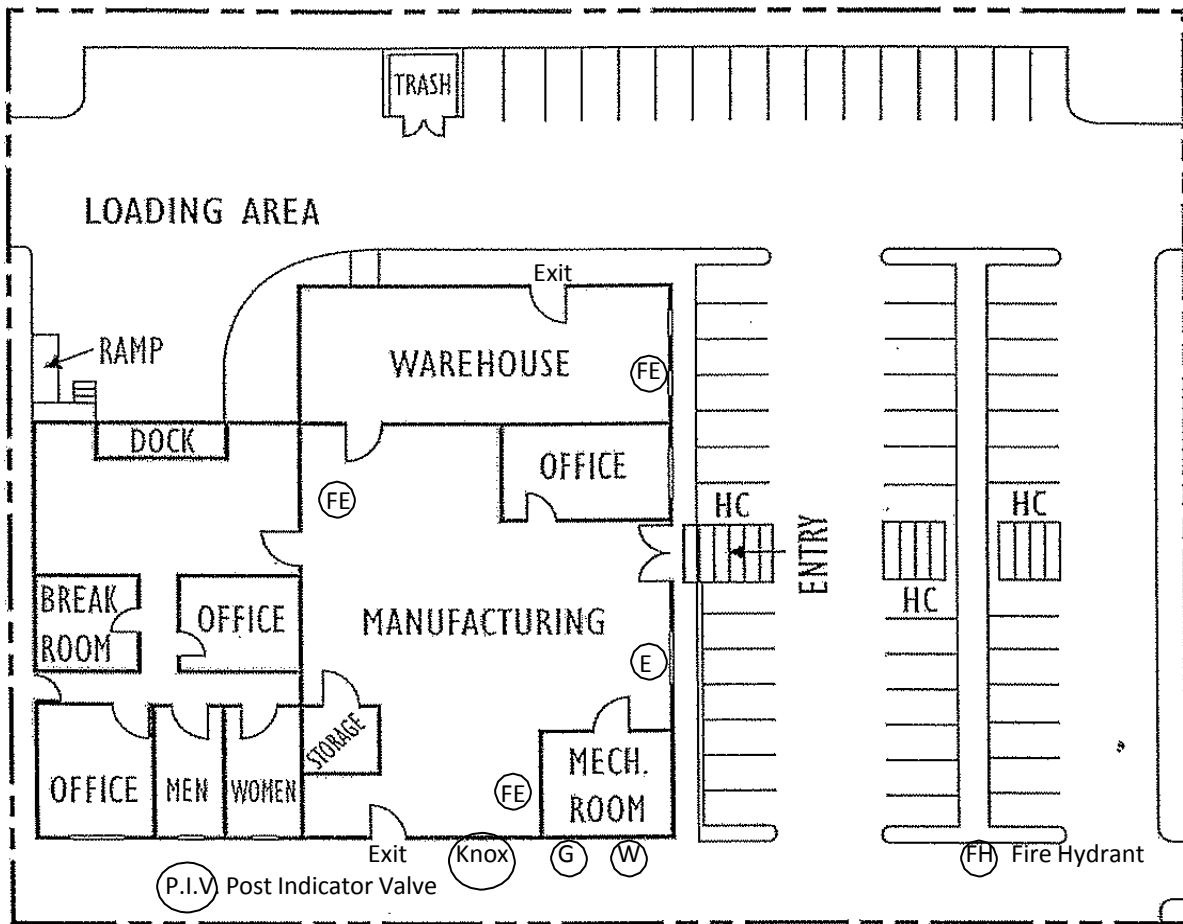
# County of Los Angeles Fire Prevention Division

## Floor Plan Example

Please submit an 8 1/2" x 11" site plan and floor plan for your site. The plan needs to show site layout, size, and location on property: both in square feet, cross streets, parking and storage areas. The floor plan needs to indicate how the interior floor plan will be used. If you are sharing the space with others, please indicate how the space will be divided. Show all exit doors, fire extinguishers, fire hose cabinets, special fire, or life safety systems. This will be used for both the Use Permit requirement and Los Angeles County Fire Department requirement. Please see example below:

Big Ben Furniture Company  
12345 Gale Avenue, City of Industry

Gale Avenue



(G) Gas Shut-Off  
(W) Water Shut-Off

(FE) Fire Extinguisher  
(E) Electrical Panel

(Knox) Access Keys  
(FH) Fire Hydrant

Gross Building Area:

Office	12,600 SF
Manufacturing Area:	12,600 SF
Warehousing Area:	6,825 SF
Total Area:	32,025 SF



SAMPLE "C"

ON RAMP

OFF RAMP

POMONA FREEWAY

INDUSTRY PARKWAY

INDUSTRY AVENUE

SUBJECT SITE

①

②

③

⑧

④

⑤

⑥

⑦

①

8765-4-39 ASSESSOR'S NUMBER  
JOHN SMITH PROPERTY OWNER'S  
1414 NINTH STREET NAME & ADDRESS  
CITY OF INDUSTRY, CA 91744



SCALE : 1" = 300'



## South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182

(800) 388-2121 • [http:// www.aqmd.gov](http://www.aqmd.gov)

### Air Quality Permit Checklist

California Government Code Section 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 (SCAQMD).

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 SCAQMD.** If you answered "Yes" to either question, you must contact SCAQMD to determine if air quality permits are required. If permits are needed, SCAQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can contact SCAQMD's Small Business Assistance Office at **1-800-388-2121** or email: [smallbizassistance@aqmd.gov](mailto:smallbizassistance@aqmd.gov).