CITY OF LAKE ELSINORE
DREAM EXTREME

INSTRUCTIONS FOR NON-CONSTRUCTION CERTIFICATE OF OCCUPANCY FOR BUSINESSES LOCATED IN COMMERCIAL/INDUSTRIAL/RETAIL LOCATIONS

Complete the Non-Construction Cerftifcate of Occupancy Application and all forms within this packet. The following items must be submitted with your completed application:

1. PLANNING-

Submit the Non-Construction Certificate of Occupancy Packet.

- Verify with Planning the Zoning.
- Verify with Planning - type of use permitted or if a Conditional Use Permit is required.
- Provide copy of lease agreement (first page & signature page)
- Provide floor plan.
- Obtain from EVMWD a letter for Commercial/Industrial Information Form/Will Serve Letter.
- After Planning approval, obtain the Occupancy Permit from Building and Safety the following fees will be due:

Business Inspection Fee	$73.00
Occupancy Permit	$35.00

2. FIRE AND INSPECTION-

Fire inspection required.

Contact Fire Services at (951) 674-3124 ext. 250. Complete the Fire Services application. A fire inspection should be scheduled prior to your Occupancy Permit

3. BUILDING-

Call (951) 674-3124 ext 239 to schedule your occupancy inspection. 24 hr notice is required. Someone must be present at the location.

4. BUSINESS LICENSE-

The business license department will have your application signed by the Inspectors. The license fee will be due when your Certificate of Occupancy has been approved. Please allow 48 hours from the time of inspection for submittal of license fees and/or application.

Upon submittal of the license application you will be advised of any other documentation you may need (depending on your business type).
Additional documentation can be submitted at time of payment.

NON-CONSTRUCTION CERTIFICATE OF OCCUPANCY

For use with "Commercial/Retail/Industrial" business locations within the city limits.
Inspection/Process Fee $73.00 due after Planning Approval
$35.00 Occupancy Permit Required from Building Division

This form must be completed by the Business Owner or Representative and approved by Planning, Building and Fire divisions prior to the issuance of your business license.

Business Name	Phone Number
Business Address	Suite/Unit No. : Sq Footage:
Business Owner	Phone Number
Type of Business	Days & Hours of Operation
Property Owner Name	Phone Number
Property Owner Address	City, State, Zip

Complete description of business and operations:

☐ New Business ☐ Ownership Change ☐ Relocation ☐ Other _____

PLANNING DIVISION

Please read and submit documents as required:

☐ **Lease Agreement**- If you are not the property owner, provide a copy of your lease agreement. Please be advised that the business owner should also be the lease holder.

☐ **Floor Plan** - Show proposed layout of business, including areas devoted to offices, sales, storage manufacturing, seating, rest rooms and other uses.

☐ **Plot Plan** - Planner will provide plot plan at time of submittal.

All new signs and changes of signs require a separate permit.

FIRE DIVISION

☐ Completed Fire Services check list. You are required to have a Knox Box.

BUILDING DIVISION

Does business involve conversion of existing building to new use? ☐ Yes ☐ No

Do business operations involve use or storage of hazardous or toxic materials? ☐ Yes ☐ No

Does business involve any outside storage, work outside the building or off-site storage? ☐ Yes ☐ No

All changes or additions to electrical, plumbing mechanical, or structural elements require a building permit. This includes partitions over 5' 9" in height and new doorways or openings. Two sets of plans shall be submitted to the Building Division and appropriate permits obtained prior to any work being done.

Prior to occupying a building or unit an Occupancy Inspection is required from the Building Division. An inspection fee must be paid along with the submittal of this form. Someone must be on premises at the time of inspection.

Affidavit:
I hereby certify that I have read and understood the above; and that the information furnished is accurate true, and correct.

Applicant Signature/Date _____

OFFICE USE ONLY

APN No. _____ Zone_____

Planning Approval _____Date_____

Comments: _____

_____

CUP Required **No** **Yes** _____

Building Approval _____ Date _____

Fire Approval _____ Date _____

Engineering Approval _____ Date _____

OCCUPANCY PERMIT REQUIRED

Permit # _____

Fire Business License Review
130 S. Main St. • Lake Elsinore, California 92530
(951) 674-3124 • Fax (951) 471-1491
Dbloom@Lake-Elsinore.Org

Please print, type or complete on line

Business Name _____

Fire Sprinklers Installed ☐ **Yes** ☐ **No**

Check all applicable items (modification/installation):

☐ **No modifications or installations have been performed**

☐ **Battery systems**	☐ **Compressed gas**	☐ **Fire doors/walls**	☐ **Flammable and combustible liquid**
☐ **Hazardous materials**	☐ **Industrial oven**	☐ **LP gas installation or modification**	☐ **Spray room, dip tank or booth**
☐ **Standpipe system: installation, modification or removal**	☐ **Temporary membrane structure, tent or canopy**	☐ **Wood products**	☐ **Upholstered Furniture**

Check all applicable operational permit items (CFC Section 105):

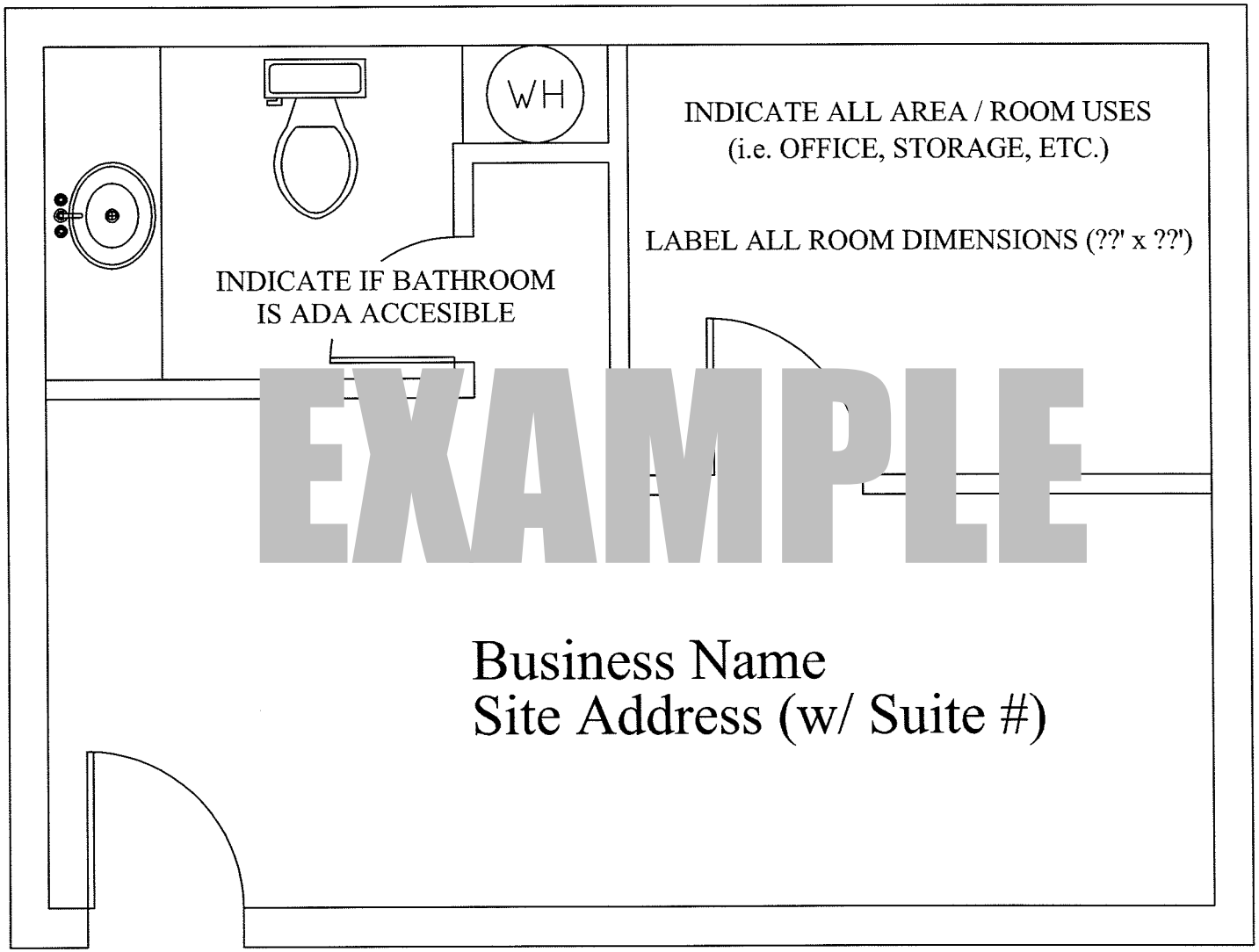
☐ **No modifications or installations have been performed**

☐ **Cellulose nitrate film**	☐ **Combustible dust-producing operations**	☐ **Compressed gases**	☐ **Covered and open mall buildings**
☐ **Cryogenic fluids**	☐ **Cutting and welding**	☐ **Dry cleaning**	☐ **Explosives**
☐ **Flammable and combustible liquids**	☐ **Floor finishing**	☐ **Fruit and crop ripening**	☐ **Fumigation and insecticidal fogging**
☐ **Hazardous materials**	☐ **High-piled storage**	☐ **Hot work operation**	☐ **Industrial ovens**
☐ **LP-gas**	☐ **Magnesium**	☐ **Open flames and torches**	☐ **Open flames and candles**
☐ **Organic coatings**	☐ **Places of assembly**	☐ **Pyrotechnic special effects material**	☐ **Pyroxylin plastics**
☐ **Refrigeration equipment**	☐ **Repair garages and motor fuel-dispensing facilities**	☐ **Spraying or dipping**	☐ **Storage of scrap tires and tire byproducts**

_____ _____
Applicant's Signature Date

_____
Title

SAMPLE FLOOR PLAN (with items needed to be shown)
FOR REFERENCE ONLY



LEGEND

EXIT
Illuminated EXIT sign

Doors and direction of opening.

WH Water Heater

Toilet

Sinks

Show all existing walls.

Show all proposed office furniture and equipment.

Show location of all fire extinguishers / sprinklers.

Label total square footage.

Check Fire Dept. checklist for additional items.

Industrial Pretreatment Division
P.O. Box 3000
31315 Chaney Street
Lake Elsinore, CA 92531-3000

(951) 674-3146
Fax: (951) 245-5946

To: All Commercial/Industrial Wastewater Dischargers

Re: Requirements for Sewer Use

The National Pretreatment Program is a cooperative effort of Federal, State and local (i.e. Elsinore Valley Municipal Water District) regulatory environmental agencies established to protect water quality. The program is designed to reduce the level of pollutants discharged by specific industries and other non-domestic wastewater sources (i.e. restaurants, photo-processing labs, machine shops, car washes, vehicle repair shops, printers, hair salons, medical facilities, etc.) into municipal sewer systems. As part of these mandatory requirements EVMWD's Pretreatment Program must continuously track and update its list of industrial/commercial users and sewer user permittee's located within the District's service area. Specific types of businesses may be subject to further oversight (e.g. plan check reviews, inspections, issuance of wastewater discharge permits, etc.).

In response to State and Federal mandates, the District has developed the enclosed commercial/industrial information form. Please review the form and instructions carefully before completing. Upon completion, return the form ***as soon as possible*** using one of three methods described on the form. Upon receipt and review the District will make contact with the businesses contact person listed on the form if further regulation and oversight is required.

Please be advised that the submission of this attached form is a condition of sewer use prior to opening for business.

If you have any questions or need assistance concerning this form or obtaining sewer use approval, please contact the Industrial Pretreatment Division at (951) 674-3146 ext. 8326 or 8327.

Sincerely,

Keith Martinez

Keith Martinez
EVMWD
Pretreatment Program Coordinator

Elsinore Valley Municipal Water District

COMMERCIAL/INDUSTRIAL INFORMATION FORM

Please be aware, that the submission of this form is *mandatory requirement of sewer use* from the EVMWD Industrial Pretreatment Program, which is mandated by the Federal EPA. Failure to comply can result in fines and/or penalties along with the refusal to provide water and/or sewer service.

Business Name:	
Facility Address:	
Mailing Address:	
Contact Name:	
Title:	
E-mail Address:	
Telephone:	**Fax:**

Nature of Business:	(1) Briefly describe type of business, and (2) any activities that produce wastewater.

Please answer each of the following questions:

1.	YES ☐	NO ☐	Is business or facility connected to EVMWD's sewer system? (Are there toilets, sinks, or drains in the facility connected to EVMWD's sewer system?)
2.	YES ☐	NO ☐	Does this business or facility discharge **ANYTHING OTHER THAN** domestic - toilet and hand sink - wastewater to EVMWD's sewer system?
3.	YES ☐	NO ☐	Does this business have shop or facility floor drains, other than in restrooms?
4.	YES ☐	NO ☐	Does this business or facility store chemicals (other than household types) and/or petroleum/solvent products onsite? If answer is yes, provide information below on materials stored. (attach and use extra page if needed)

Chemical or Active Ingredients	Brand Name	Purpose for chemical	Container size, gallons	Estimated amount on-site: Avg. gallons	Max. gallons

Please submit this form ASAP to the EVMWD Industrial Pretreatment Program using one of the following methods:

Fax: (951) 245-5946
E-mail: kmartinez@evmwd.net
Mail: PO Box 3000 Lake Elsinore, CA 92531-3000

If you have questions or need help completing this form, please contact the EVMWD Industrial Pretreatment Program at (951) 674-3146 ext. 8326 or 8327.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Administrative Services- Licensing
130 South Main Street
Lake Elsinore, CA 92530
PH 951.674.3124 x 302
FAX 951.471.0052
www.lake-elsinore.org

OFFICE USE ONLY		
BUSINESS LICENSE NO:		
EXP DATE		
TOTAL FEES PAID		
CASH	CHECK	CHARGE

BUSINESS LICENSE APPLICATION - COMMERCIAL

(Business Compliance Application must be approved prior to the issuance of your license)

BUSINESS NAME:	BUSINESS PHONE:
CORPORATE NAME (If applicable)	BUSINESS START DATE:
LOCATION ADDRESS:	ZIP:
EMAIL ADDRESS:	WEBSITE:
BUSINESS DESCRIPTION:	

MAILING ADDRESS IF DIFFERENT THAN ABOVE

ADDRESS		
CITY	STATE	ZIP:
☐ CORPORATION	☐ SOLE PROPRIETOR	☐ PARTNERSHIP ☐ TRUST
☐ NON-PROFIT	☐ CORP - LTD LIABILITY	☐ OTHER

BUSINESS INFORMATION

FEDERAL TAX ID:	OR EIN#	SELLERS PERMIT#
STATE CONTRACTORS LICENSE:	TYPE:	EXP.
PLEASE ATTACH COPIES OF THE FOLLOWING IF APPLICABLE: ☐ FICTITIOUS NAME STATEMENT	☐ SELLERS PERMIT/RESALE NUMBER	☐ HEALTH PERMIT
☐ ABC LICENSE	☐ TOBACCO LICENSE	☐ BUREAU OF AUTO REPAIR ☐ COSMETOLOGY LICENSE
☐ CAMTC LICENSE	☐ OTHER:	

OWNER 1 NAME:	OWNER 1 NAME:
HOME ADDRESS:	HOME ADDRESS:
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE:	PHONE:

***State Mandated Disability Access Fee (SB 1186- $1.00 fee effective 1-01-13)** 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 State Architect at www.dgs.ca.gov/dsa/Home.aspx; The Department of Rehabilitation at www.rehab.cahwnet.gov; and The California Commission on Disability Access at www.ccda.ca.gov.

LICENSE FEE SCHEDULE

GENERAL - $72.00 YEAR
PROFESSIONAL - $94.00 YEAR
CONTRACTORS - A & B $108.00 YEAR
C & D $ 65.00 YEAR

LICENSE FEES DUE

License fee _____
***State CASp fee** **$1.00**
Employees over 5
_____ **x $6.50 ea** _____
Units over 3
_____ **x $6.50 ea** _____

Total Due _____

I declare under penalty of perjury that the statements made in this application are true. I acknowledge and understand that the Business License Certificate issued by the City of Lake Elsinore is a receipt evidencing that I have paid the City of Lake Elsinore Business License Tax imposed under Section 5.08 of the Lake Elsinore Municipal Code for the period indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws.

Applicant Signature/Date _____

License Approval /Date _____

Receipt Validation