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

Complete the Non-Construction Certificate 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.

   - 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 approval 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.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address</td>
<td>Suite/Unit No. : Sq Footage:</td>
</tr>
<tr>
<td>Business Owner</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Type of Business</td>
<td>Days &amp; Hours of Operation</td>
</tr>
<tr>
<td>Property Owner Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Property Owner Address</td>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

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 _______________ Building Approval __________ Date __________
Planning Approval __________ Date __________
Comments: ______________________

☐ CUP Required No ☐ Yes _______________

Fire Approval __________ Date __________
Engineering Approval __________ Date __________

OCCUPANCY PERMIT REQUIRED
Permit # ______________________
DISABILITY ACCESS REQUIREMENTS AND RESOURCES

NOTICE TO APPLICANTS FOR BUSINESS LICENSES
AND COMMERCIAL BUILDING PERMITS:

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:

DEPARTMENT OF
GENERAL SERVICES,
Division of the State
Architect, CASp Program
www.dgs.ca.gov/dsa
www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services
www.dor.ca.gov
www.rehab.ca.gov

DEPARTMENT OF
GENERAL SERVICES,
California Commission on
Disability Access
www.ccda.ca.gov
www.ccda.ca.gov/resource
es-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.5155.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created. For example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

130 S Main St Lake Elsinore Ca 92530  PHONE (951) 674-3124  FAX (951) 674-1419
Fire Business License Review
130 S. Main St.  • Lake Elsinore, California 92530
(951) 674-3124  • Fax (951) 471-1491
rmorales@lake-elsinore.org

Please print, type or complete online.

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.

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.

INDICATE ALL AREA / ROOM USES (i.e. OFFICE, STORAGE, ETC.)

LABEL ALL ROOM DIMENSIONS (??' x ??')

INDICATE IF BATHROOM IS ADA ACCESSIBLE

EXAMPLE

Business Name
Site Address (w/ Suite #)
**WHAT IS THE PERMIT FEE?**
The permit fee is $1,791.00 ($1,480.00 + 21% surcharge). Checks should be made payable to: SWRCB (fee subject to change).

**WHERE DO I SEND MY APPLICATION?**
The completed NOI form, a site map, and appropriate permit fee must be mailed to the State Water Resources Control Board (SWRCB) at the following address:

State Water Resources Control Board
Division of Water Quality
P.O. Box 1977
Sacramento, CA 95812-1977
Attn: Storm Water Permitting Unit

**WHAT IS THE ANNUAL COMPLIANCE FEE?**
The annual fee is the same as the permit fee.

**HOW LONG IS THE PERMIT IN EFFECT?**
Your coverage under the general permit is in effect until you submit a valid Notice of Termination (NOT) to the appropriate RWQCB. The RWQCB, however, may deny the NOT if the NOT is considered invalid.

**HOW CAN I AVOID THE MOST COMMON MISTAKES MADE IN APPLYING FOR THIS PERMIT?**
Make sure the NOI is signed, the correct permit fee is attached, and site map is attached.

**WHAT ARE THE REGULATIONS THAT APPLY TO THIS PERMIT? WHERE CAN I GET COPIES?**
The permit is available from the SWRCB and the RWQCBs. The regulations are available from the USEPA. Typical requirements include:

1. File a Notice Of Intent (NOI) or Notice of Non-Applicability (NONA) with the State Water Quality Control Board;
2. Eliminate unauthorized non-stormwater discharges;
3. Develop and implement a stormwater pollution prevention plan (SWPPP); and

**QUESTIONS?**
If you have any questions about completing the NOI, NEC or NONA or any other forms, please contact the SARWQCB or the SWRCB at:

Santa Ana Regional Water Quality Control Board (SARWQCB)
California Tower
3737 Main Street, Suite 500
Riverside, CA 92501-3348
951-782-4130 or by email at: region8info@waterboards.ca.gov

State Water Resources Control Board (SWRCB)
www.swrcb.ca.gov / 1-866-563-3107, (961)341-5543 or by email at: stormwater@waterboards.ca.gov

NPDES - National Pollutant Discharge Elimination System. In 1987 the Federal Clean Water Act was amended to establish a framework for regulating industrial stormwater discharges under the NPDES permit program. In California, NPDES permits are issued by the State Water Resources Control Board (SWRCB) and Regional Water Quality Control Board (RWQCB). In general certain industrial facilities and manufacturing operations must obtain coverage under the Industrial Activities Stormwater General Permit if the type of facilities or operations falls into one of several categories.

**FREQUENTLY ASKED QUESTIONS**

Many industrial facilities and manufacturing operations must obtain coverage under the Industrial Activities Stormwater General Permit.

**FIND OUT IF YOUR FACILITY MUST OBTAIN A PERMIT**

**WARNING:** There are significant penalties for non-compliance: a minimum fine of $5,000 for failing to obtain permit coverage, and up to $10,000 per day, per violation.
INDUSTRIAL GENERAL PERMIT

The following information is provided to aid in determining if a facility/business may be required to obtain coverage or a non-exposure exemption. For more information and guidance, visit the State’s website at:

HOW DO I KNOW IF I NEED A PERMIT?

The federal stormwater regulations require a broad range of industrial facilities to be permitted. They include manufacturing facilities, mining operations, disposal sites, recycling yards, transportation facilities, and others. See Attachment 1 of the Industrial Storm Water General Permit for a complete list of required facilities.

General descriptions of these categories are:

- Facilities such as cement manufacturing; feedlots; fertilizer manufacturing; petroleum refining; phosphate manufacturing; steam electric power generation; coal mining; mineral mining and processing; ore mining and dressing; and asphalt emulsion.
- Facilities classified as lumber and wood products (except wood kitchen cabinets); pulp paper and paperboard mills; chemical producers (except some pharmaceutical and biological products); petroleum and coal products; leather production and products; stone, clay and glass products; primary metal industries; fabricated structural metal; ship and boat building and repairing.
- Manufacturing facilities.
- Mining/oil and gas facilities - active or inactive.
- Hazardous waste treatment, storage, or disposal facilities.
- Landfills and open dumps that receive industrial waste; inactive or closed landfills, land application sites, unless already regulated by an NPDES permit issued by the appropriate Regional Water Board.
- Recycling facilities such as metal scrap yards, battery re-claimers, salvage yards, automobile yards.
- Steam electric generating facilities.
- Transportation facilities that conduct any type of vehicle maintenance such as fueling, cleaning, repairing, etc.
- Sewage treatment plants.
- Facilities that have areas where material handling equipment or activities, raw materials, intermediate products, finished products, waste materials, by-products, or industrial machinery are exposed to stormwater.
- Category 10 Dischargers - Light industry. Operators of Category 10 facilities are not subject to this General Permit if they can certify (Notice of Non Applicability - NONA) that the following minimum conditions at their facilities are met:
  1. All prohibited non-stormwater discharges have been eliminated or otherwise permitted.
  2. All areas of past exposure have been inspected and cleaned, as appropriate.
  3. All materials related to industrial activity (including waste materials) are not exposed to stormwater or authorized non-stormwater discharges.
  4. All industrial activities and industrial equipment are not exposed to stormwater or authorized non-stormwater discharges.
  5. There is no exposure of materials associated with industrial activity through other direct or indirect pathways such as particulates from stacks and exhaust systems.
  6. There is a periodic re-evaluation of the facility to ensure conditions 1, 3, 4 and 5 are continuously met. Currently, facility operators that can certify the above conditions are met are not required to notify the State Water Board or Regional Water Board. These facility operators are advised to retain such certification documentation on site.

WHO MUST APPLY?

The facility operator must submit an NOI for each industrial facility that is required by U. S. Environmental Protection Agency (U.S. EPA) regulations to obtain a stormwater permit. The required industrial facilities are listed in Attachment 1 of the General Permit and are also listed in 40 Code of Federal Regulations Section 122.26(b) (14). The facility operator is typically the owner of the business or operation where the industrial activities occur. The facility operator is responsible for all permit related activities at the facility. Landowners may also file an NOI for a facility if the landowner, rather than the facility operator, is responsible for compliance with this General Permit.

HOW DO I OBTAIN COVERAGE?

Obtain a permit application package from the Santa Ana Regional Water Quality Control Board or the State Water Resources Control Board (SWRCB). Submit a completed Notice of Intent (NOI) form or Notice of Non-Applicability (NONA), site map and the appropriate fee to the SWRCB. The site map must be “to scale”, identify buildings, material handling and storage areas, roads, names of adjacent streets, discharge locations, and include a north arrow. Facilities must submit an NOI thirty (30) days prior to beginning operation. Once you submit the NOI, the State Board will send you a letter acknowledging receipt of your NOI or NONA and assign your facility a waste discharge identification number (WDID No.).
Riverside County Sheriff's Department

Lake Elsinore Station

333 Limited, Lake Elsinore, CA 92530
Telephone: 951-245-3300
FAX: 951-245-3311

Trespass Letter of Authority
602 PC

Date:______________

To: Chief of Police

I am the owner or owner's agent in lawful possession of certain real property located in the:
☐ City of Wildomar
☐ City of Lake Elsinore
☐ County of Riverside

Specify full name address(s).

PROPERTY NAME: STREET NUMBER(s) AND NAME(s)

I have seen an influx of undesirable trespassers in this neighborhood. Because of this trespassing, I have experienced monetary loss due to vandalism, resulting in a decrease of paying tenants. I am concerned about possible theft, drug dealing and/or drug usage caused by trespassers on the property. I have posted all entrances on the property, in plain view with no trespassing signs as well as all carports and common areas associated with the property. I request prosecution for anyone who is loitering at the property and/or is engaged in any unlawful activity. I expressly authorize your officers to arrest and/or issue citations to trespassers during the following one year period starting on:

(Date) ________________ __________ , 20__

I understand it is my responsibility to renew this authorization in one year from the above date. I will notify you, if sometime in the future, I am no longer the owner or agent of the property.

The following information provides your department with the ability to contact me or persons with authority to respond in my absence.

Property Owner: _______________________________ Owners Address: _______________________________

Owners Phone: _______________________________ 

Manager/Requester: _______________________________ Print Full Name: _______________________________

_____________________________ Signature ________________

_____________________________ Address ________________________________________

_____________________________ A.M. Phone ____________________ P.M. Phone ____________________
APPLICATION FOR BUILDING PERMIT

VALUATION CALCULATIONS

| 1st FLOOR | SF |
| 2nd FLOOR | SF |
| 3rd FLOOR | SF |
| GARAGE   | SF |
| STORAGE  | SF |
| DECK & BALCONIES | SF |
| OTHER    | SF |

**VALUATION:**

**FEES**

| BUILDING PERMIT | $ |
| PLAN CHECK      |   |
| PLAN REVIEW     |   |
| SEISMIC        |   |
| PLAN RETENTION  |   |

☐ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

**Signature of Applicant or Agent**

**Date**

☐ contractor ☐ owner

**Agents Name**

**Agents Address**

---

1. I am licensed under the provisions of Business and Professional Code Section 7000 et seq. and my license is in full force.

2. I, as owner of the property, or my employee w/wages as their sole compensation will do the work and the structure is not intended or offered for sale.

3. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.

4. I have a certificate of consent to self-insure or a certificate of Workers Compensation Insurance or a certified copy thereof.

5. I shall not employ any person in any manner so as to become subject to Workers Compensation Laws in the performance of the work for which this permit is issued.
### BUSINESS LICENSE APPLICATION - COMMERCIAL

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

<table>
<thead>
<tr>
<th>BUSINESS NAME:</th>
<th>BUSINESS PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORPORATE NAME (if applicable)</td>
<td>BUSINESS START DATE:</td>
</tr>
<tr>
<td>LOCATION ADDRESS:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td>WEBSITE:</td>
</tr>
<tr>
<td>BUSINESS DESCRIPTION:</td>
<td></td>
</tr>
</tbody>
</table>

#### MAILING ADDRESS IF DIFFERENT THAN ABOVE

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>STATE</th>
<th>ZIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>FEDERAL TAX ID:</th>
<th>OR EIN#</th>
<th>SELLERS PERMIT#:</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>CITY, STATE, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE:</td>
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<td>PHONE:</td>
<td></td>
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</table>

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**State Mandated Disability Access Fee (SB 1186- $4.00 fee effective 1-01-18)** 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](http://www.dgs.ca.gov/dsa/home.aspx), The Department of Rehabilitation at [www.rehab.ca.gov](http://www.rehab.ca.gov) and The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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**LICENSE FEE SCHEDULE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>General -</td>
<td>$72.00</td>
</tr>
<tr>
<td>Professional -</td>
<td>$94.00</td>
</tr>
<tr>
<td>Contractors - A &amp; B</td>
<td>$108.00</td>
</tr>
<tr>
<td>C &amp; D $ 65.00</td>
<td></td>
</tr>
</tbody>
</table>

**LICENSE FEES DUE**

- License fee: $4.00
- State CASp fee: $4.00
- Employees over 5: $65.00 ea
- Units over 3: $65.00 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: 

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**Office Use Only**

<table>
<thead>
<tr>
<th>LICENSE NO:</th>
<th>BUSINESS ID NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT ID NO:</td>
<td></td>
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</tbody>
</table>