



## **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.

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: \_\_\_\_\_

Building Approval \_\_\_\_\_ Date \_\_\_\_\_

Fire Approval \_\_\_\_\_ Date \_\_\_\_\_

Engineering Approval \_\_\_\_\_ Date \_\_\_\_\_

**CUP Required**     No     Yes \_\_\_\_\_

### OCCUPANCY PERMIT REQUIRED

Permit # \_\_\_\_\_



This is not a City requirement this is a State requirement handout. Informational only.

## 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](http://www.dgs.ca.gov/dsa)  
[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services  
[www.dor.ca.gov](http://www.dor.ca.gov)  
[www.rehab.cahwnet.gov/  
disabilityaccessinfo](http://www.rehab.cahwnet.gov/disabilityaccessinfo)

DEPARTMENT OF  
GENERAL SERVICES,  
California Commission on  
Disability Access  
[www.cdda.ca.gov](http://www.cdda.ca.gov)  
[www.cdda.ca.gov/resourc  
es-menu/](http://www.cdda.ca.gov/resources-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](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx).



**Fire Business License Review**  
 130 S. Main St. • Lake Elsinore, California 92530  
 (951) 674-3124 • Fax (951) 471-1491  
[rmorales@lake-elsinore.org](mailto:rmorales@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):**

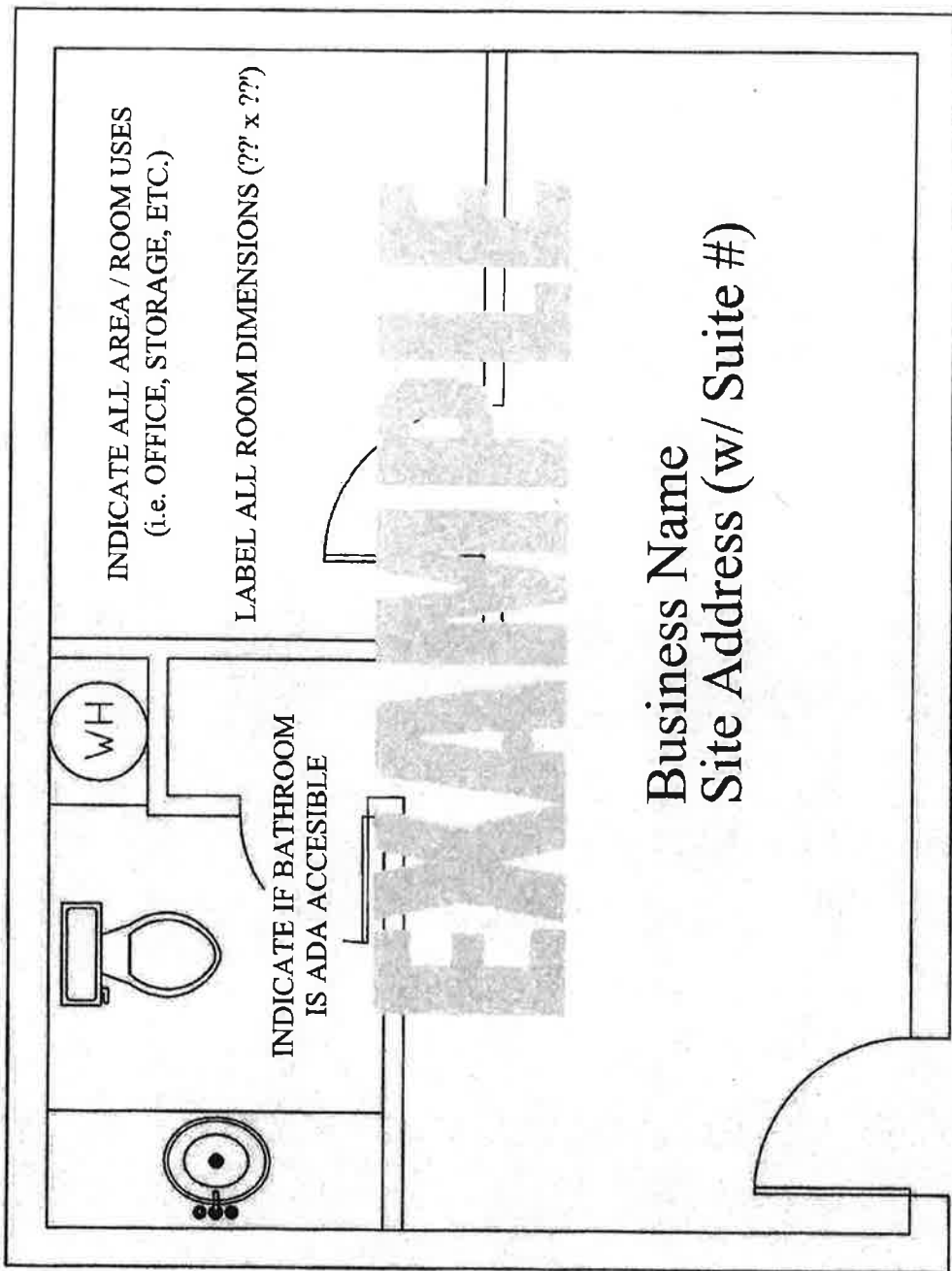
- No modifications or installations have been performed
- Cellulose nitrate film       Combustible dust-producing operations       Compressed gases       Covered and open mall buildings
- Cryogenic fluids       Cutting and welding       Dry cleaning       Explosives
- Flammable and combustible liquids       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 \_\_\_\_\_





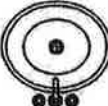
Date \_\_\_\_\_

\_\_\_\_\_  
 Title

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



## LEGEND

-  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.

### 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 storm water pollution prevention plan (SWPPP); and
4. Perform monitoring of stormwater discharges and authorized non-stormwater discharges.

### 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.



STATE WATER QUALITY RESOURCES CONTROL BOARD WATER QUALITY ORDER NO. 97-93-DWO GENERAL PERMIT NO. CA500001 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## FREQUENTLY ASKED QUESTIONS

*Many industrial facilities and manufacturing operations must obtain coverage under the Industrial Activities Storm Water 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.*



City of Lake Elsinore  
130 South Main Street  
Lake Elsinore, CA 92530  
www.lake-elsinore.org 951-674-3134 ext. 741

## **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:

[www.swrcb.ca.gov/water\\_issues/programs/stormwater/industrial.shtml](http://www.swrcb.ca.gov/water_issues/programs/stormwater/industrial.shtml)

### **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;

### **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 1.22.26(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).

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**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

APPLICATION NO.
APPLICATION RECEIVED DATE
BY

### 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**

Agent for  contractor       owner

Agents Name \_\_\_\_\_

Agents Address \_\_\_\_\_

Street      City      State      Zip

AP #		BUILDING ADDRESS	
TRACT		BLOCK/PAGE	LOT/PARCEL
OWNER	NAME		
	MAILING ADDRESS		PHONE
	CITY		STATE/ZIP
CONTRACTOR	I hereby affirm that I am licensed under provisions of chapter 9 (commencing with section 7000) of division 3 of the business and professions code, and my license is in full force and effect.		
	LICENSE # AND CLASS		CITY BUSINESS TAX #
	MAILING ADDRESS		
	CITY		STATE/ZIP      PHONE
ARCHITECT	CONTRACTOR'S SIGNATURE		DATE
	NAME		LICENSE #
	MAILING ADDRESS		
CITY		STATE/ZIP	PHONE
<input type="checkbox"/> NEW	OCC GRP. /	CONST. TYPE:	
<input type="checkbox"/> ADDITION	DIVISION:	NUMBER OF	
<input type="checkbox"/> ALTERATION	NUMBER OF	STORIES:	
<input type="checkbox"/> OTHER	STORIES:	NUMBER OF BEDROOMS:	
<input type="checkbox"/> SINGLE FAMILY	ZONE:		
<input type="checkbox"/> APARTMENTS			
<input type="checkbox"/> CONDOMINIUMS	HAZARD	YES	
<input type="checkbox"/> TOWN HOMES	AREA ?	NO	
<input type="checkbox"/> COMMERCIAL	SPRINKLERS	YES	
<input type="checkbox"/> INDUSTRIAL	REQUIRED ?	NO	
<input type="checkbox"/> REPAIR	PROPOSED USE OF BLDG:		
<input type="checkbox"/> DEMOLISH	PRESENT USE OF BLDG:		
JOB DESCRIPTION			

- \_\_\_\_\_ 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.



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](http://www.lake-elsinore.org)

OFFICE USE ONLY	
LICENSE NO:	
BUSINESS ID NO:	
CONTACT ID NO:	

**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:
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> CORP - LTD LIABILITY	<input type="checkbox"/> TRUST
	<input type="checkbox"/> OTHER	

**BUSINESS INFORMATION**

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

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- \$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.cahwnet.gov](http://www.rehab.cahwnet.gov); and The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.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	\$4.00
Employees over 5	_____ x \$6.50 ea _____
Units over 3	_____ x \$6.50 ea _____
<b>Total Due</b>	_____

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 \_\_\_\_\_