



CITY OF YORBA LINDA

P.O. BOX 87014 CALIFORNIA 92885-8714

BUILDING DIVISION (714) 961-7120

CERTIFICATE OF OCCUPANCY PERMIT REQUIREMENTS

Applicants must obtain, complete and submit the following forms available at the Building Division front counter:

1. Building Permit Application must be completed with all relevant information. An \$83.00 inspection fee is required for Certificate of Occupancy permits **that do not involve tenant improvements.**
2. Letter of Intent. Additional submittals and approvals may be required depending upon the nature of a business and documentation provided.
3. Orange County Fire Authority "Plan Submittal Criteria for COMMERCIAL Projects." Additional approval(s) may be required depending on answers provided.
4. **Site plan showing location of unit/suite, if the business is not located in a stand alone building.**

Applicants must furnish a Letter of Intent, which includes the following information:

1. Explain in detail the nature of the business, products, clientele, distribution, number of employees, square footage of office, warehouse or other uses separately etc.
2. State who you are, in relationship to the Business.
3. Print and sign your name, date and phone number.
4. Property owner's name, address and phone number.
5. Indicate the Hours of operation.
6. Identify all Hazardous materials used, stored or produced along with their quantities.
7. Identify all Flammable liquids or chemicals stored or produced and their quantities.
8. Identify all Toxic liquids or chemicals used, stored or produced and their quantities.
9. Identify waste materials stored or produced and their method of disposal.
10. Identify any dust produced and its removal method.
11. Identify the quantity of Vehicles parked inside the building.

If foods are to be cooked, served, and or consumed, Orange County Health Care Agency's approval is required prior to issuing a permit.

Business License applications must be obtained, completed and paid at the time of issuing the Certificate of Occupancy permit.



City of Yorba Linda
4845 Casa Loma Avenue, Yorba Linda CA 92886

Building Division
Permit Counter 714-961-7120

Plan Check No: _____

BUILDING PERMIT SUBMITTAL FORM

Applicant's Name: _____ Phone: _____

Please fill in applicable information below, and return this form to Building Division staff. Please provide any additional information you believe will assist the Building Division in processing your application, or ask for assistance.

Applicant to complete below (check appropriate box for applicant)

Only Building Division to complete below

<p>Job Site Address _____ Suite No. _____</p> <p>Tract _____ Lot _____ APN# _____</p> <p><input type="checkbox"/> Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p>	<p style="text-align: center;">Type of permit(s) requested</p> <p><input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical</p> <p>(Be sure to fill in the work sheet for each permit discipline)</p> <p>Occupancy _____ Type of Construction _____</p> <p>Proposed Work _____</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Architect/Designer's Name _____ License No. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p>	<p>Special Conditions: <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Geological Condition <input type="checkbox"/> Post Tension Foundation</p> <p><input type="checkbox"/> Fuel Modification Area <input type="checkbox"/> Methane Barrier</p> <p><input type="checkbox"/> Special Fire Protection Area <input type="checkbox"/> Methane Mitigation</p> <p><input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Engineer's Name _____ License No. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p>	<p>Tenant Improvement: <input type="checkbox"/> N/A</p> <p>Type of Business _____</p> <p>Company Name _____</p> <p>Contact Person of Company _____</p> <p>Tel No _____</p>
<p><input type="checkbox"/> Contractor's Company Name _____</p> <p>Contractor License No. _____ Lic. Expiration date _____</p> <p>Contractor License Class _____</p> <p>Address _____</p> <p>City, State Zip _____</p> <p>Tel No _____</p> <p>Workers' Comp Insurance Carrier _____</p> <p>Workers' Comp Policy No. _____</p> <p>Expiration Date of Policy _____</p> <p>City Business License No. _____ City Business License Expire Date _____</p>	<p>Square footage:</p> <p>Dwelling: _____ Attached Garage: _____</p> <p>Addition: _____ Alteration: _____</p> <p>Deck: _____ Attached Patio Cover: _____</p> <p>Reroof : _____ (sq) Gazebo : _____</p> <p>Detached Accessory structure: _____</p> <p>Pool / Spa: _____ / _____</p> <p>Fence/Retaining wall : _____ (linear feet)</p> <p>Tenant Improvement (existing/altered) _____ / _____</p> <p>Office: _____ Warehouse: _____</p> <p>Other: _____</p>

City of Yorba Linda
Building Division
4845 Casa Loma Ave
Yorba Linda, CA 92886

Letter of Intent

(Please Print Clearly)



Note: When describing the nature of your business/operation, please describe the following: Basic materials used, their storage, type and height of storage, amounts stored, waste materials generated, method of disposal, and a list of agencies involved (submit official documents from such agencies). Provide a complete list of quantities of any and all hazardous materials stored within a room at a time (on a room by room basis, with an overall total for the entire building). Such materials shall be classified per California Fire Code 307.1(1) and 307.1(2) with supporting data (MSDS/Material Safety Data Sheets) in order to classify, quantify and justify the intended materials. Indicate if fumes or dust are generated and how they are controlled. This letter of intent must be executed by the business owner or authorized representative and must be signed by such person. Failure to comply with any of the abovementioned items may require the owner to provide a "Hazardous Materials Management Plan" per the California Fire Code.

To whom it may concern,

The name of the business is: _____

The business address is: _____

The nature of this business and clientele served are: _____

The number of employees will be: _____

The hours of operation will be: _____

The square footage of the existing: (Office) _____ (Warehouse) _____

(Other) _____

The resulting square footage after T.I.: (Office) _____ (Warehouse) _____

(Other) _____

Total square footage of the T.I.: _____

The Total number of existing restrooms: _____

Are Hazardous materials stored, used or produced? (Yes) _____ (No) _____ If yes, please specify type and quantities and provide a floor plan indicating the locations of all the materials.

Are Flammable liquids or chemicals stored, used or produced? (Yes) _____ (No) _____ If yes, specify type and quantities and provide a floor plan indicating the locations of such materials.

Are Toxic Liquids or chemicals stored, used or produced? (Yes) _____ (No) _____ If yes, specify type and quantities and provide a floor plan indicating the locations of such materials.

Will vehicles be parked inside the building? (Yes) _____ (No) _____ If yes, specify the quantities and provide a floor plan indicating the locations of such vehicles.



ORANGE COUNTY FIRE AUTHORITY

Plan Submittal Criteria for COMMERCIAL projects, MULTIFAMILY RESIDENTIAL projects and RESIDENTIAL TRACT developments



INSTRUCTIONS: Fill in the project/business address and provide a brief description of the scope of work and type of operation that will take place. Answer questions 1 through 10, read and initial items 11 and 12, then complete and sign the certification section. If you answer "YES" to questions 1 through 10, submit the type of plan indicated in italics to the OCFA (see www.ocfa.org for submittal information and locations). In some cases, other plan types not indicated herein may also be necessary depending on specific conditions or business operations. If you need help completing this form or have questions regarding requirements for review, please contact the OCFA at 714-573-6108 or visit us at 1 Fire Authority Road in Irvine for assistance.

Address (street number/name, suite, city): _____

Project Scope/Business Description: _____

YES NO Are the following applicable to the proposed project or business?

- 1. Construction of a new building, a new story, or increase the footprint of an existing building? Changes to roadways, curbs, or parking lots? Addition, relocation, or modification of fire hydrants or fences/gates? Construction within 300 feet of an active or proposed oil well? *Fire Master Plan*
- 2. Property is adjacent to a wildland area or non-irrigated native vegetation? *Fire Master Plan; a Fuel Modification Plan may also be required.*
- 3. Located in or <100' from a Division of Oil, Gas, and Geothermal Resources (DOGGR) field boundary, <300' from an oil/gas seep, or <1000' from a landfill? *Methane Work Plan.*
- 4. Installation/modification/repair of underground piping, backflow preventers, or fire department connections serving private fire hydrant/sprinkler/standpipe systems? *Underground Plan.*
- 5. Drinking/dining/recreation/religious functions or other gatherings in a room >750 sq.ft. or >49 people? Healthcare/outpatient services for >5 people who may be incapable of immediate evacuation without assistance? Daycare/education for children? Adult daycare? 24-hour care/supervision? Incarceration or restraint? Hotel/apartment/residential facility with 3+ units? Congregate housing/dormitories with 17+ people? A high-rise structure (55 feet)? *Architectural Plan*
- 6. Installation or modification of electromechanical locks delaying/preventing egress from a room or building? *Architectural, Sprinkler, and Alarm Plan.*
- 7. Installation/modification/use of spray booths; dust collection; dry cleaning; industrial ovens/drying equipment; industrial/commercial refrigeration systems; compressed gasses; tanks for cryogenic or flammable/combustible liquids; vapor recovery; smoke control; battery back-up or charging systems; welding/brazing/soldering, open flame torches, cutting/grinding or other similar operations? *Special Equipment Plan*
- 8. Storage, equipment, processes, or research involving flammable/combustible liquids or other chemicals? Motor vehicle or aircraft maintenance/repair facility? Cabinetry, woodworking, or finishing facility? *Architectural Plan and Chemical Classification; Special Equipment Plans may also be necessary.*
- 9. Storage or merchandizing areas in excess of 500 sq. ft. where items are located higher than 12' (6' for high-hazard commodities, plastic, rubber, foam, etc.)? *High-piled Storage Plan*
- 10. Cooking under a Type I commercial hood; installation or modification of a fire extinguishing system located in a commercial cooking hood? *Hood & Duct Extinguishing System, not just the hood mechanical plan.*

Initial each of the following two items indicating that you have read and understand the statement:

- 11. *Sprinkler/Alarm Requirements: Consult California Building and Fire Codes and local ordinances to determine sprinkler or alarm system requirements; if a system is required, plans shall be submitted to the OCFA. Existing buildings undergoing remodel must be evaluated by a licensed contractor to determine if modification is needed; if so, the licensed contractor shall submit plans for approval prior to any changes taking place. (Initial here: _____)
- 12. Fire Hazard Severity Zone: Consult the maps available at the building department or on the OCFA website to determine if your site is located in a FHSZ. Buildings in a FHSZ may be subject to special construction requirements detailed in CBC Chapter 7A—the building department will determine specific requirements. (Initial here: _____)

I certify under penalty of perjury under the laws of the State of California that the above is true:

Print name: _____ Signature: _____

Phone Number: _____ Date: _____

Building Department: If all of the questions have been answered "NO" and the project does not otherwise require OCFA review of sprinkler or alarm plans, then you may accept this signed form as a written release that OCFA review is not required. Should you still require that the applicant have plans approved by the OCFA please initial here _____ or attach an OCFA referral form and have the applicant submit the form along with the appropriate plans and fees for OCFA review.*