Required Submittals and Approvals for Tenant Improvements

A. General Requirements
- Commercial improvements require approved plans and a permit prior to starting the work.
- Complete sets of plans shall be submitted for review and approved prior to permit issuance. Plans shall be clear, legible, and of sufficient size (suggested size, 24 in x 36 in., suggested scale, ¼ in. = 1 ft.).
- Plans are to be professionally prepared by an Architect, Engineer or Building Designer. Plans are to be drawn in ink and signed by the person who prepared them (digital stamps and signatures are allowed).
- Plans shall comply with the current code requirements per the California Building Codes.
- Food Service type businesses need one set of approved EHS plans for submittal.

B. Plans – (3-5 Sets of Plans)
1. Specific Requirements
- Plot Plan
  - Check with Planning staff for the type of plot plan needed for your project. Major on-site changes or changes in use may require the submittal of a formal Site Plan. Minor changes may only need a plot plan.
  - Plan to include: lot dimensions, size and location of all structures with respect to property lines and each other; identification of the tenant uses in units adjacent to the subject unit(s); locations of gas, water, sewer, and electrical lines, vaults and equipment, septic system components (if any); fire hydrants; parking spaces, driveways and accessibility features.
- Complete Architectural Plans:
  - Floor Plans
  - Architectural Details
  - Building Sections (as needed)
  - Roof Plan (as needed)
  - Exterior Elevations (as needed)
- Accessible Compliance
  - Interior Elevations (as needed)
  - Finish Schedules (as needed)
- Complete Structural Plans (as needed):
  - Foundation Plans
  - Roof Framing Plans
  - Structural Calculations
  - Framing Plans
  - Structural Details
- Electrical Plans:
  - Lighting & Power Plans
  - Single or Three Line Wire Diagram
  - Panel Schedules
  - Load Calculation (as needed)
- Mechanical Plans: (as needed)
- Schematic of the duct layout, to include trunk lines, branch lines and registers with sizes.
- Provide manufactures specs on all equipment being used.
- Locations of all equipment.

- **Plumbing Plans: (as needed)**
  - Dimensioned isometric drawing showing supply lines, pipe sizes, and piping materials.
  - Dimensioned isometric drawing showing, drain, waste, and venting (DWV), traps, pipe sizes, cleanouts, piping materials and location of public or private sewer system.
  - Dimensioned isometric drawing for gas lines: layout of the piping including all gas appliances with BTU ratings, regulators, manifolds and, valves.

- **Energy Compliance: (as needed)**
  - Provide prescriptive or performance energy forms for the following, but not limited to; Building Envelope, Fenestration, Lighting, HVAC, Water Heating.

- **Additional Items:**
  - Material Safety Data Sheets (if applicable)
  - For food service type businesses, submit County of San Bernardino Environmental Health Services approved plan (required for comparison to building plans prior to issuance of permit.)
  - Additional submittals may be required for special projects (Such as pools, underground tanks, etc.)

2. **Required Separate Submittal:**
   - **Building & Site Signage**
     - Structural Calculations (as necessary)
     - Energy Compliance Forms (for lighted signs only)
   - **Fire Sprinkler Plans (Separate submittal to the County of San Bernardino)**

C. **Forms to be Completed**
   - A permit application
   - Letter of intent (on form provided)
   - Unreasonable Hardship Exception to Disabled Access Requirements (if applicable)
   - Water Department Tenant Improvement Questionnaire (on form provided)
   - Mojave Desert Air Quality Management District Clearance application (on form provided.)
   - Mojave Desert Air Quality Management Notification of Demolition/Renovation application (if applicable, form available on request)
   - Hazardous Materials Inventory Statement (HMIS) and/or Hazardous Materials Management Plan (HMMP) from the San Bernardino County Fire Department. (if applicable, form available upon request). 909-386-8401

D. **Permit Issuance**
   1. Permits can only be issued to the building owner or a licensed contractor
   2. Prior to issuance of the permit, or starting any work, approvals will be necessary from some or all of the following:
      - Building and Safety (760) 947-1311
      - Planning (760) 947-1224
      - San Bernardino County Fire Prevention Bureau (760) 995-8201
      - Water/Sewer (760) 947-1840
      - Environmental Health Services (760) 995-8154
vi. Mojave Desert Air Quality Management District (760) 245-1661

E. Other Agencies
If your project involves alteration/addition of utility services, contact the appropriate utility company representative for requirements:

i. Southwest Gas (natural gas) - (760) 241-9321
ii. Edison International (electricity) - (800) 684-8123
iii. Verizon (phone) - (800) 483-3000
Building Permit Worksheet

Date:  

Receipt #:  

Jobsite Address:  

Is this a mobile home?  ☐ Res  ☐ Comm  

APN:  Lot:  Tract:  

Cross street:  

Owners Address:  

City:  Zip:  Phone:  

Contractor Name:  

Address:  

City:  Zip:  Phone:  

State:  Cont. License#  Class:  Exp. Date:  

Business License#:  Exp. Date:  

Worker’s Comp Carrier and Policy #:  

Job Description:  

Estimated Cost of Job:  $  

Applicants Name:  

Contact Phone Number:  

# Dwell Units  #Stories  #Bedrooms  #Bldgs on lot  

Block Walls: Lineal Feet  City Details:  ☐ Yes  ☐ No  

Tenant Improvement/C of O  Sq. ft.  New sq. ft.  

Water heater gal.  Located in:  ☐ Garage  ☐ House  

Office Use Only  

RDA#  

Setbacks: Front  Rear  Side  Side  

Street  PUE  ST  

Zone  General Plan  CFD  

Sewage  ☐ Public  ☐ Private  Sq.ft./100  

SQ Ft  

Livable  Patio  

Portico  

Garage  Porch  

City of Hesperia  

BUILDING AND SAFETY DIVISION
APPLICATION FOR CERTIFICATE OF OCCUPANCY

In order for the Building Department to provide final approval and a Certificate of Occupancy, it is necessary that this form be signed and dated by each of the individual agencies listed below, as applicable to your project. After this form is completed and final approvals have been met, this application will be forwarded to the Building Official for preparation of the Certificate of Occupancy.

TO BE FILLED OUT BY APPLICANT

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Description of Business:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Address (incl. Unit #’s):</td>
<td></td>
</tr>
<tr>
<td>Business Owner’s Name:</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Business Owner’s Mailing Address:</td>
<td>City, State, Zip:</td>
</tr>
</tbody>
</table>

TO BE COMPLETED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone</th>
<th>Authorized Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Department</td>
<td>760-995-8190</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Works Department (when applicable)</td>
<td>760-947-1477</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation &amp; Park District (when applicable)</td>
<td>760-244-5488</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning Department</td>
<td>760-947-1224</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fog Application/Fees Paid (when applicable)</td>
<td>760-947-1634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Department (when applicable)</td>
<td>800-442-2283</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animal Control (Dispatch for Inspections)</td>
<td>760-947-1705</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions Met/Fees Paid</td>
<td>760-947-1309</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(All other departments must sign off first)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 

OFFICE USE ONLY

| Occ. Group(s) | Type(s) of Const. | Max. Occupant Load(s) | |
|---------------|------------------|-----------------------| |
| Square Footage | Use(s) | Fire Sprinklers Req. | Yes | No |
| California Building Code Edition | | |
| Special Conditions | | |
| Building Permit # | | |
| Business License # | Hold for other Professional Certifications | Yes | NA | Completed | |
| Plan Examiner | Date: | Inspector | Date: | |

[Signature]

[Date: ___/___/___]
# LETTER OF INTENT

<table>
<thead>
<tr>
<th>Jobsite Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
<td></td>
</tr>
<tr>
<td>Business Owner Name:</td>
<td></td>
</tr>
<tr>
<td>Business Owner Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Business Owner City:</td>
<td>State:</td>
</tr>
<tr>
<td>Business Phone No.</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Description of Business:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Footage:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the building have an Automatic Fire Sprinkler System:</td>
<td>Yes</td>
</tr>
<tr>
<td>Is there any Class I, II, III-A Liquids,</td>
<td>Used</td>
</tr>
<tr>
<td>Is there any</td>
<td></td>
</tr>
</tbody>
</table>

Provide Material Safety Data Sheets (MSDS) and quantities of all Class I, II, or III-A liquids and Hazardous Materials attached to the tenant improvement plans submitted

<table>
<thead>
<tr>
<th>Type of products or materials being:</th>
<th>Sold</th>
<th>Stored</th>
<th>Manufactured</th>
</tr>
</thead>
</table>

| Type and number of dust producing equipment being used: |  |
| Type and number of machinery to be used: |  |

| Number of items to be sold or produced monthly: |  |
| Number of employees: |  |

Number of employees on largest shift: Number of shifts: |

| Number of company vehicles: |  |

Approximate number of company vehicle trips per day anticipated: |

Any other information that may assist in the process of your project: |

---

110317-BS-72 Letter of Intent
Application for
Unreasonable Hardship Exception
To Disabled Access Requirements

Project Address: Type of Facility:

Project Description:

Owner: Phone Number:

Applicant: Phone Number:

It is requested that this project be granted an exception from the accessibility requirements of the currently adopted California Building Code, Chapter (CBC) 11B, Division IV, as specifically noted below:

Valuation Threshold Amount: $156,162.00 Year: 2017

<table>
<thead>
<tr>
<th>Accessible Features: (listed in order of preferred priority)</th>
<th>Feature already meets current edition of CBC?</th>
<th>Is this feature being modified as part of this Tenant Improvement?</th>
<th>If not: Cost of making feature accessible? (see cost estimate form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Path of travel to entrance</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>2. Primary entrance</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>3. Path of travel within building / facility to area of remodel</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>4. Elevator</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>5. At least one accessible restroom for each sex</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>6. Public telephones (If provided)</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>7. Drinking fountain (If provided)</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
<tr>
<td>8. Other (Parking, storage, alarms, etc.)</td>
<td>_______</td>
<td>_______</td>
<td>$______</td>
</tr>
</tbody>
</table>

Total cost of construction for this tenant improvement without accessible features listed above (A) $______
Cost of all other improvements made to this site over the last 3 years (see attached Declaration form) (B) $______

Total cost (A + B above) x .20 = Total cost obligation for this T. I. to upgrade the features listed above (C) $______

Total cost of accessible features to be provided (must meet or exceed line C above) (D) $______

PETITIONER’S DECLARATION: I certify that the information noted above is true and correct.

Name (print): __________________________ Signature: __________________________ Date: __________
Address: __________________________________________ Title: ____________________ Phone: __________

FOR DEPARTMENT USE ONLY
☐ The above project has been **denied** an unreasonable hardship exemption under 2013 CBC Section 11B-202.4 exc. 8
☐ The above project has been **granted** an unreasonable hardship exemption under 2013 CBC Section 11B-202.4 exc. 8

Building Official (print): __________________________ Signature: __________________________ Date: __________
DEMOlITION/RENOVATION PERMIT ISSUANCE CHECKLIST/QUESTIONNAIRE

Use of this checklist is to determine whether an application for a Demolition/Renovation Permit requires a Notification of Demolition/Renovation form, from the Mojave Desert Air Quality Management District (MDAQMD) prior to permit issuance. If a Demo/Reno form is NOT required, then the applicant and permitting agency with the provisions of Health and Safety Code 19827.5 should retain this form with the permit application to verify compliance.

Will the demolition or renovation permit applied for involve one of the following:

1. ☐ Yes ☐ No  
   Any renovation work that involves the removal or disturbance of any material containing more than 1 percent Asbestos or at least 260 linear feet on pipes or at least 160 square feet on other facility components, or

2. ☐ Yes ☐ No  
   A complete building demolition, or a partial demolition which includes structural load bearing members (wall or structural members), including demolition of buildings which do not contain asbestos. Residential buildings having four or fewer dwelling units are exempt. All demolitions by intentional burning are regulated under NESHAPS.

NOTE: If yes is marked for numbers one or two, the applicant must submit a copy of the MDAQMD Notification of Demolition/Renovation form PRIOR to the issuance of a demolition permit.

I declare that the notification requirements listed above are not applicable to this project and that this work does not require compliance with the provisions of California Health and Safety Code 19827.5 and Part 61 of Title 40 of the Code of Federal Regulations or any successor regulations. I certify under penalty of perjury under the laws of the State of California that all the foregoing is true and correct.

_________________________  ______________________
Signature of Owner or Contractor  Date

_________________________
Typed or printed name of Owner or Contractor

_________________________
Job Address

NOTE: Asbestos of any amount or type is not allowed in the landfills of San Bernardino County.
# Listing of Permit Categories

**Mojave Desert Air Quality Management District**

All businesses require clearance from the MDAQMD before obtaining a Certificate of Occupancy or Building Permit

## Chemicals
- Organic Gas Sterilizers
- Acid Chemical Milling
- Can and Coil Manufacturing
- Evaporators, Dryers, and Stills
- Processing Organic Minerals
- Dry Chemical Mixing
- Detergent Spray Towers
- Bulk Dry Chemical Storage

## Rock and Mineral
- Hot Asphalt and Batch Plants
- Sand, Rock, and Aggregate Plant
- Concrete Batch, CTB, Concrete Mixers and Silos
- Brick Manufacturing

## Solvent Use
- Vapor and Cold Degreasing
- Dry Cleaning
- Solvent and Extract Dryers

## Other
- Asphalt Roofing Tankers
- Gasoline and Alcohol Fuel Dispensing
- Reverse Osmosis Membrane Manufacturing
- Aqueous Waste Neutralization
- Brake Debonders
- Bulk Grain and Dry Chemical Transfer and Storage
- Rubber Mixers
- Landfill Gas Fare Recovery Systems
- Waste Disposal and Reclamation Units
- Asphalt Pavement Heaters
- Ceramic Slip Casting
- Perlite Processing
- Oil Field Production
- Storage of Organic Liquids
- Organic Compound Marketing (gasoline, etc.)
- Gasoline and Alcohol Bulk Plants and Terminals
- Intermediate Refuelers

## Coatings and Surface Preparation
- Abrasive Blasting Equipment
- Coating and painting
- Plasma Arc and Ceramic Deposition
- Spray Booths
- Paint, Stain, and Ink Manufacturing

## Combustion
- Generators
- Piston Internal Combustion Engines
- Gas Turbines and Turbine Test Cells and Stands
- Incinerators and Crematories
- Burn Out Ovens
- Core Ovens

## Food
- Smokehouses
- Feed and Grain Mills
- Coffee Roasters
- Bulk Flour and Powdered Sugar Storage

## Metal Melting Devices
- Oil Quenching and Salt Baths
- Hot Dip Galvanizing
- Precious Metals Refining
- Chrome Plating
- Chromic Acid Anodizing

**NOTE:** Other equipment/processes not listed here may require a District permit if they have the potential of emitting air contaminants. If there are any questions, contact the Mojave Desert AQMD @ 760-245-1661.

---

**IF YOU INSTALL OR OPERATE EQUIPMENT WITHOUT A PERMIT, YOU MAY BE SUBJECT TO LEGAL ACTION AND PENALTIES OF UP TO $25,000 FOR EACH DAY OF VIOLATION.**
CERTIFICATE OF OCCUPANCY/BUILDING PERMIT
(RESIDENTIAL PROJECTS EXEMPT)

APPLICANT SEEKING CLEARANCE FOR:

- Building Permit (not for demolition/renovation or asbestos permits)
- Certificate of Occupancy (only if no prior building permit or there is a change in use)

<table>
<thead>
<tr>
<th>BUSINESS NAME:</th>
<th>CONTACT:</th>
<th>PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>FACILITY ADDRESS:</td>
<td>CITY:</td>
<td>STATE:</td>
</tr>
</tbody>
</table>

NATURE OF BUSINESS (i.e., dry cleaner, gasoline dispensing, office, etc.):

1. Will the subject facility use any of the equipment/processes listed in the air permit categories on the back of this document, or any other process that has the potential to emit or control air contaminants - Rule 201?
   - [ ] YES*
   - [ ] NO

   *If YES, you must complete an application for an Authority To Construct (ATC). Applications can be obtained on the internet (www.mdaqmd.ca.gov), at our office 14306 Park Avenue Victorville, or via telephone (760) 245-1661/ facsimile (760) 245-2022.

2. Will the subject facility be located within 1,000 feet of a school (measured outer boundary to outer boundary) - H&S Code 42301.6?
   - [ ] YES
   - [ ] NO*

   *If NO, proceed to Item 5 (you can skip items 3 and 4)

3. Will the subject facility have the potential to emit hazardous air contaminants, such as solvents, thinners, pesticides, gasoline, dip tank solutions, dust, mist, vapor, resin, or others (complete list available on request)?
   - [ ] YES
   - [ ] NO*

   *If NO, proceed to Item 5 (you can skip item 4)

4. Attach a list of substances to be used at the subject facility and include a plot plan. The plot plan must include the distance from the outer boundary to the outer boundary of the nearest school.

5. I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

   ____________________________  ____________________________
   Signature of owner or authorized agent  Date of signature

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>AUTHORIZED DISTRICT SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] BUILDING PERMIT</td>
<td>[ ] CERTIFICATE OF OCCUPANCY</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

CONFIRMING STAMP OR INITIALS

LOCAL AGENCY
SEWER CALCULATION FORM

The intent of this form is to calculate sewer connection fees required as a result of additional fixtures to the building. The fees shall be calculated upon approval of the plans and are due prior to final inspections by the Building & Safety Department.

Assessor Parcel No:_________________________ Job Address:_________________________ Date:_________________________

Owner’s Name:_______________________________________________________Tel. No.: (____)______________

Mailing Address:___________________________________________________________

PLEASE DESCRIBE PROPOSED PROJECT (Type of Business):


1. If this is a restaurant, what is the seating capacity? ________ yes ________ no

2. Are you required to have a grease trap, clarifier or sand trap? ________ yes ________ no

   Explain, which type

3. Will you need to increase the size of the existing meter? ________ yes ________ no

   What size? ____________________________

4. Are you required to have a fire service for a fire sprinkler system? ________ yes ________ no

   What size? ____________________________

5. Has Hesperia Fire District required you to install a fire hydrant for fire protection? ________ yes ________ no

   If yes, how many? ____________ Are they required offsite? ________ yes ________ no

   Onsite? ________ yes ________ no

PLEASE INDICATE HOW MANY OF THE FOLLOWING:

<table>
<thead>
<tr>
<th>EXISTING FIXTURES</th>
<th>ADDED FIXTURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clotheswasher</td>
<td>Clotheswasher</td>
</tr>
<tr>
<td>Cup Sink (oval 6x3x6)</td>
<td>Cup Sink (oval 6x3x6)</td>
</tr>
<tr>
<td>Dental Lavatory</td>
<td>Dental Lavatory</td>
</tr>
<tr>
<td>Dental Unit/Cuspidor</td>
<td>Dental Unit/Cuspidor</td>
</tr>
<tr>
<td>Dishwasher</td>
<td>Dishwasher</td>
</tr>
<tr>
<td>Drinking Fountain (each head)</td>
<td>Drinking Fountain (each head)</td>
</tr>
<tr>
<td>Floor Drain (for overflow)</td>
<td>Floor Drain (for overflow)</td>
</tr>
<tr>
<td>Floor Drain/Floor Sink</td>
<td>Floor Drain/Floor Sink</td>
</tr>
<tr>
<td>Flushing-Rim/Clinic Sink</td>
<td>Flushing-Rim/Clinic Sink</td>
</tr>
<tr>
<td>Kitchen Sink/Utility Sink</td>
<td>Kitchen Sink/Utility Sink</td>
</tr>
<tr>
<td>Laundry Tub</td>
<td>Laundry Tub</td>
</tr>
<tr>
<td>Lavy (single)</td>
<td>Lavy (single)</td>
</tr>
<tr>
<td>Lavy (double)</td>
<td>Lavy (double)</td>
</tr>
<tr>
<td>Mop Sink</td>
<td>Mop Sink</td>
</tr>
<tr>
<td>RV Dump Station</td>
<td>RV Dump Station</td>
</tr>
<tr>
<td>RV Spaces</td>
<td>RV Spaces</td>
</tr>
<tr>
<td>Shower (only if separate from tub)</td>
<td>Shower (only if separate from tub)</td>
</tr>
<tr>
<td>Urinal (step-on)</td>
<td>Urinal (step-on)</td>
</tr>
<tr>
<td>Urinal (wall)</td>
<td>Urinal (wall)</td>
</tr>
<tr>
<td>Urinal (flush-tank - home style)</td>
<td>Urinal (flush-tank - home style)</td>
</tr>
<tr>
<td>Wash-up Sink, (each set faucets)</td>
<td>Wash-up Sink, (each set faucets)</td>
</tr>
<tr>
<td>Water Closet (home style)</td>
<td>Water Closet (home style)</td>
</tr>
<tr>
<td>Water Closet (flushometer)</td>
<td>Water Closet (flushometer)</td>
</tr>
</tbody>
</table>

PERSON COMPLETING FORM:_________________________ DATE:_________________________

DO NOT WRITE BELOW THIS LINE

BUILDING & SAFETY VERIFICATION FOR METER SIZE(S) AND FIXTURES

VERIFIED BY:_________________________ DATE:_________________________

103017-BS-36
As specified in Sections 08-04.1, 08-07.1, and 08-07.3 of VVWRA Ordinance No. 001, no person shall commence, increase, or substantially change any discharge of nondomestic wastewater to the sewer system tributary to the VVWRA treatment plant except as authorized by VVWRA. All Industrial Users proposing to discharge nondomestic wastewater to said sewer system must complete and submit an application for a Wastewater Discharge Permit. If determined by VVWRA, Industrial Users must obtain a Nondomestic (Industrial) Wastewater Discharge Permit before connecting to or discharging to VVWRA’s sewer system.

This form must be filled out completely**, signed and dated, and returned to VVWRA at the above address within 7 days of receipt. If you have questions on completion of the form, call the VVWRA Industrial Waste Department at (760) 246-8638.

1. Business Name: Anticipated opening date:
   *Street Address: Date Opened:
   City: Telephone Number: (    )
   State Zip Code: Fax Number (    )

2. Business/Corporation Name:
   *Mailing Address: Same  □
   City: Telephone Number: (    )
   State: Zip Code:        

3. Person authorized to represent above named business in official dealings with VVWRA:
   Name: Title: Telephone Number: (    )

4. Alternate person to contact concerning information provided herein:
   Name: Title: Telephone Number: (    )

This form must be signed by an authorized representative** of your business after completion and review of the information by the signing official.

I certify under penalty of law that this document and all enclosures were prepared under my direction or supervision on accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: __________________________
Title: __________________________
Date: __________________________ Signature of Representative: __________________________

FOR VVWRA USE ONLY
☐ Send Class I App  ☐ Send Class II APP
Verified Open By:  ☐ Send Class III Permit
[  ]Visual  [ ]Call
[  ]Send Waiver Ltr.  [  ]INSP
[  ]Meeting
Provide a brief description of the manufacturing, production, or service activities your firm conducts.

5. If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or activity (check all that apply).

a. Industrial / Manufacturing Categories

- Adhesives
- Aluminum Forming*
- Anodizing*
- Asbestos Manufacturing
- Battery Manufacturing or Reclaiming*
- Builder’s Paper and Board Mills*
- Can Making*
- Canned and Preserved Fruits and Vegetables Processing
- Canned and Preserved Seafood Processing
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining*
- Copper Forming*
- Dairy Products Processing
- Drum Reconditioning
- Electrical & Electronic Components*
- Electrolysis Plating*
- Electroplating*
- Explosives Manufacturing
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Foundries*
- Glass Manufacturing
- Grain Milling
- Gum & Wood Chemicals Manufacturing
- Hazardous Waste Treatment
- Industrial Laundry
- Ink Formulating
- Inorganic Chemicals Manufacturing*
- Iron & Steel Manufacturing*
- Leather tanning & Finishing*
- Machinery Manufacturing and Rebuilding
- Meat Products Processing
- Mechanical Products
- Metal coating (Chromating, Phosphating, Coloring, Passivating)*
- Metal Etching or Chemical Milling*
- Metal Molding and Casting*
- Mineral Mining and Processing
- Nonferrous Metals Forming and Metal Powders*
- Nonferrous Metals Manufacturing*
- Oil & Gas Extraction
☐ Ore Mining and Dressing
☐ Organic Chemicals*
☐ Paint Formulating
☐ Paving Roofing Tars and Asphalt
☐ Pesticide Chemicals Manufacturing*
☐ Petroleum Refining*
☐ Pharmaceuticals Manufacturing*
☐ Phosphate Manufacturing
☐ Photographic Supplies
☐ Plastics & Synthetic Fiber Manufacturing*
☐ Plastics Molding and Forming
☐ Porcelain Enameling*
☐ Printed Circuit Board Manufacturing*
☐ Pulp, Paper, & Paperboard*
☐ Rubber Manufacturing
☐ Soap & Detergent Manufacturing
☐ Solvent Recycling
☐ Steam Electric Power Generation*
☐ Sugar Processing
☐ Textile Mills
☐ Timber Products Processing*
☐ Transportation Equipment Cleaning
☐ Used Oil Reclamation and Refining

* May be subject to Federal Categorical Pretreatment Standards

b. Other Business Activities

☐ Beverage Bottling
☐ Commercial Laundry
☐ Dentistry
☐ Feed Lot
☐ Food / Edible Products Processing
☐ Hospital
☐ Non-Commercial Laundry
☐ Photographic Processing
☐ Printing & Publishing
☐ Radiator Repair
☐ Restaurant
☐ Vehicle Maintenance and Repair
☐ Vehicle Washing
☐ X-Ray Processing

c. Of the categories and activities checked above, indicate which one(s) result in a discharge of any quantity or wastes to the sewer system: ________________________________

________________________________________

________________________________________
7. Types of wastewater generated:

<table>
<thead>
<tr>
<th>Sources of Wastewater</th>
<th>Approx. Quantity Discharged (gallons per Day)</th>
<th>Where Wastes Are Discharged (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sanitary Sewer</td>
</tr>
<tr>
<td>Domestic Wastes, Restroom</td>
<td></td>
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<tr>
<td>Air Conditioner, Condenser or Chiller Condensate</td>
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<td></td>
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<tr>
<td>Process Cooling Water, Contact</td>
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<tr>
<td>Boiler</td>
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<td></td>
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<tr>
<td>Process Cooling Water, Non-Contact</td>
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<tr>
<td>Water Softener and / or Deionizer</td>
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<tr>
<td>Compressor Condensate</td>
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<td></td>
</tr>
<tr>
<td>Manufacturing Processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Processing</td>
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<tr>
<td>Vehicle Washing</td>
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<tr>
<td>Laundry</td>
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<tr>
<td>Photo Processing</td>
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<tr>
<td>Cleaning Raw Materials</td>
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<tr>
<td>Equipment and / or Parts Cleaning</td>
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<tr>
<td>Floor Washdown</td>
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<tr>
<td>Air Pollution Control Unit</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Need characterization for any waste strengths listed, if known. Attach representative lab analysis for all parameters tested.

- BOD (mg/l)________
- TSS (mg/l)________
- NH3 (mg/l)________

8. What is the total number of sewer floor drains** at your facility? ____________________________
   *(A sewer “floor drain” is any floor drain that is connected to the sanitary sewer system rather than to the storm drain system and which is not located in a restroom.)*

9. Are there sewer floor drains located outdoors? ____________________________________________

10. What is the total number of other process sewer connections at your facility? ________________
    *(Such as direct sewer connections to equipment)*

11. Do you have a Business Emergency Contingency Plan? ________________________________
    *(Also known as a “Business Plan”, this document is required by the San Bernardino County Department of Environmental Health Services (DEHS) for all businesses which handle hazardous materials or generate hazardous wastes. If you have any questions on your firm’s need for a Business Emergency Contingency Plan, please call DEHS at (909) 386-8401.)*
Hazardous Waste

12. Do you utilize any materials, which are considered hazardous?

13. Do you generate or dispose of any wastes that are considered hazardous? (Used motor oil, anti freeze, etc.)

(Please enclose two of the most current hauling manifest receipts with this questionnaire)

Oil & Grease Separator/Grease Trap

14. Do you have pumping records for either your Oil & Grease Separator or your Grease Trap?

(Please enclose two of the most current hauling manifest receipts with this questionnaire)

End Notes:

1 A nonresidential establishment is any facility of an industrial, commercial governmental, or institutional nature, which is located in and/or does business in the service area of VVWRA (cities of Apple Valley, Hesperia, and Victorville, and communities of Oro Grande and Spring Valley Lake).

2 In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and Section 8.4.14 of VVWRA Ordinance 001, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and Section 8.4.14 of VVWRA Ordinance 001. Should a Wastewater Discharge Permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent application for Wastewater Discharge will be used by the VVWRA in developing a Wastewater Discharge Permit.

3 An authorized representative is: a corporate official (i.e. president, senior vice-president, vice-president in charge of the principal business function, secretary-treasurer; manager of one or more manufacturing, production, or operational facilities of the authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedure; or a general partner or proprietor if the business is a partnership or sole proprietorship.