



City of Hesperia
BUILDING AND SAFETY DIVISION

Required Submittals and Approvals for New Commercial Developments

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, 1/4 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 – (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
 - Building Sections
 - Interior Elevations
 - Roof Plans
 - Exterior Elevations
 - Accessible Compliance
 - Finish Schedules
 - Architectural Details
- Complete Structural Plans:
 - Foundation Plans
 - Roof Framing Plans
 - Structural Details
 - Framing Plans
 - Floor Framing Plans
 - Structural Calculations (attachment)
- Electrical Plans:
 - Lighting & Power Plans
 - Single or Three Line Wire Diagram
 - Lighting Schedules
 - Panel Schedules
 - Load Calculations
- Mechanical Plans:

- Mechanical duct layout with sizes
 - Equipment Locations
 - Equipment Schedules
 - Register Locations with sizes and CFM
- Plumbing Plans:
 - Hot and Cold & Gas Piping Plan
 - Waste and Vent Piping Plan
 - Isometric Plans for: hot, cold, waste, vent and gas lines
 - Location of Private or Public sewer
 - Location of grease traps & interceptors
- Energy Compliance
 - 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. Plan Attachments:

- Geotechnical (Soils) Report
- Structural Calculations
- Manufactured Truss Designs and Calc's

3. Required Separate Submittal:

- Fire Sprinkler Plans
- Trash Enclosures
- Solar Systems
- Light Standards
- Structural Calculations
- Energy Compliance forms
- Grading Plans
- Garden & Retaining Walls
- Pools & Spas
- Building & Site Signage
- Structural Calculations (as needed)
- Energy Compliance Forms (lighted signs only)

C. Forms to be Completed

- a. A permit application
- b. Letter of intent (on form provided)
- c. Water Department Tenant Improvement Questionnaire (on form provided)
- d. Mojave Desert Air Quality Management District Clearance application (on form provided.)
- e. 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:
 - i. Building and Safety (760) 947-1311
 - ii. Planning (760) 947-1224
 - iii. San Bernardino County Fire Prevention Bureau (760) 995-8201
 - iv. Water/Sewer (760) 947-1840
 - v. 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



City of Hesperia
BUILDING AND SAFETY DIVISION

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 _____
Garage _____ Portico _____
Porch _____

Building Permit #: _____

Business License #: _____



City of Hesperia
BUILDING AND SAFETY DIVISION

LETTER OF INTENT

Jobsite Address:					
Business Name:					
Business Owner Name:					
Business Owner Mailing Address:					
Business Owner City:		State:		Zip:	
Business Phone No.					
Email Address:					
Description of Business:					
Square Footage:					
Does the building have an Automatic Fire Sprinkler System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Alarms		
Is there any Class I, II, III-A Liquids,	<input type="checkbox"/> Used	<input type="checkbox"/> Stored	<input type="checkbox"/> Processed		
Is there any	<input type="checkbox"/> Welders	<input type="checkbox"/> Torches	<input type="checkbox"/> Other types of open flame being used:		
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					
Type of products or materials being:	<input type="checkbox"/> Sold	<input type="checkbox"/> Stored	<input type="checkbox"/> Manufactured		
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:					



City of Hesperia
BUILDING AND SAFETY DIVISION

Temporary C of O Expires _____ 20__
 New Certificate of occupancy

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

Business Name _____ Description of Business: _____

Building Address (incl. Unit #'s): _____

Business Owner's Name: _____ Phone No: _____

Business Owner's Mailing Address: _____ City, State, Zip: _____

TO BE COMPLETED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY

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

OFFICE USE ONLY

Occ. Group(s) _____ Type(s) of Const. _____ Max. Occupant Load(s) _____

Square Footage _____ Use(s) _____

California Building Code Edition _____ Fire Sprinklers Req. Yes No

Special Conditions _____

Building Permit # _____

Business License # _____ Hold for other Professional Certifications Yes NA Completed _____

Plan Examiner _____ Date: _____ Inspector _____ Date: _____



City of Hesperia
BUILDING AND SAFETY DIVISION

**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

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

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

- **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:	
<input type="checkbox"/>	Building Permit (not for demolition/renovation or asbestos permits)
<input type="checkbox"/>	Certificate of Occupancy (only if no prior building permit or there is a change in use)

BUSINESS NAME:	CONTACT:	PHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
FACILITY ADDRESS:	CITY:	STATE:	ZIP:
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		
_____ DATE RECEIVED <input style="width: 100%; height: 100%;" type="text"/> CONFIRMING STAMP OR INITIALS	_____ AUTHORIZED DISTRICT SIGNATURE <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	_____ DATE SIGNED  LOCAL AGENCY <input style="width: 100%;" type="text"/>

Building Permit #: _____

Business License #: _____



CITY OF HESPERIA – HESPERIA WATER/SEWER DEPARTMENT
9700 Seventh Avenue, Hesperia, CA 92345 Telephone: (760) 947-1449

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: _____

Mailing Address: _____ Tel. No.: (____) _____

PLEASE DESCRIBE PROPOSED PROJECT (Type of Business):

Empty rectangular box for describing the proposed project.

1. If this is a restaurant, what is the seating capacity? _____
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:

EXISTING FIXTURES

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

ADDED FIXTURES

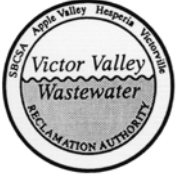
Clotheswasher	
Cup Sink (oval 6x3x6)	
Dental Lavatory	
Dental Unit/Cuspidor	
Dishwasher	
Drinking Fountain (each head)	
Floor Drain (for overflow)	
Floor Drain/Floor Sink	
Flushing-Rim/Clinic Sink	
Kitchen Sink/Utility Sink	
Laundry Tub	
Lavy (single)	
Lavy (double)	
Mop Sink	
RV Dump Station	
RV Spaces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

PERSON COMPLETING FORM: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

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

VERIFIED BY: _____ DATE: _____



VICTOR VALLEY WASTEWATER RECLAMATION AUTHORITY
15776 MAIN STREET, SUITE 3
HESPERIA, CALIFORNIA 92345

WASTEWATER QUESTIONNAIRE FOR COMMERCIAL/INDUSTRIAL ESTABLISHMENTS*

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:
State: Zip Code: Telephone Number: ()

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 Verified Open By: [] Visual
[] Send Class II APP
[] Send Class III Permit [] 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:

<u>Sources of Wastewater</u>	Approx. Quantity Discharged (gallons per Day)	<u>Where Wastes Are Discharged (check all that apply)</u>						
		Sanitary Sewer	Storm Drain or Channel	Street	Ground	Evaporation	Waste Hauler(s) (Give Name of company)	Septic Tank
Domestic Wastes, Restroom								
Air Conditioner, Condenser or Chiller Condensate								
Process Cooling Water, Contact								
Boiler								
Process Cooling Water, Non-Contact								
Water Softener and / or Deionizer								
Compressor Condensate								
Manufacturing Processes								
Food Processing								
Vehicle Washing								
Laundry								
Photo Processing								
Cleaning Raw Materials								
Equipment and / or Parts Cleaning								
Floor Washdown								
Air Pollution Control Unit								
Other								

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.