



City of Brea
 Building & Safety
 1 Civic Center Circle
 Brea, California 92821-5732
 714-671-4406

CERTIFICATE OF OCCUPANCY Classification Form

C of O app # _____ Submittal Date _____

This form is provided for your convenience to expedite the issuance of your Certificate of Occupancy. The completeness of the information provided below will directly influence the time necessary to process this application. A **processing fee of \$100** must be paid at the time of application submittal. (City staff may need to contact you if additional information is necessary.)

I. Business Information

Business Name _____

Telephone No. _____

City Business Tax Certificate (license) No. _____

Business Address _____

Unit No. _____

Business Owner's Name _____

Business Manager's Name _____

Business Manager's Telephone No. _____

Emergency Address _____

FAX No. _____

Email _____

II. Owners Information (for building or property)

Owners Name _____

Telephone No. _____

Owners Address _____

III. Type of Certificate Application

<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> New Business
<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Change of Location
<i>Floor Plan Not Required</i>	<input type="checkbox"/> Expansion of Floor Area
Building Permit #: _____	
<i>Floor Plan Required</i>	

IV. Use and Occupancy Information:

Existing Use	Proposed Use
Sq.ft.	Sq.ft.
Existing Area	Proposed Area
No. of Employees (per shift)	(total employees)
No. of Parking Stalls	
No. stories of bldg.	

V. Is The Building Protected with an Automatic Sprinkler System:

Yes No

VI. Is the business a food facility:

Yes No

Is any food prepared by deep frying, grilling or on a griddle:

Yes No

VII. General Business Description: (attach additional pages as necessary)

Materials Description: (to be completed for any warehouse, industrial, or storage facility)

Use	Description
Sq.ft.	
Storage Area	_____
Sq.ft.	
Office Area	_____
Sq.ft.	
Retail Area	_____
Sq.ft.	
Dining Area	_____

VIII. Business Activity Information

Please complete all sections of this application. This information is necessary to properly classify your facility. Partial or incorrect information could result in an incorrect classification and could impact your business while code compliance issues are resolved.

	Yes	No
Are you a CUPA registered business	<input type="checkbox"/>	<input type="checkbox"/>
Do you share this address with another business?	<input type="checkbox"/>	<input type="checkbox"/>

Name of other business: _____

MATERIALS

	Yes*	No	Use	Handle	Store	Quantity
Flammable gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable solid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explosive materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Combustible liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Corrosive chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cryogenic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead acid batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ACTIVITIES

	Yes*	No	Describe Materials & Activities
Metal plating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Welding/cutting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vehicle repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spray finishing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dust generation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Commercial oven	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry cleaning	<input type="checkbox"/>	<input type="checkbox"/>	_____

USES

	Yes*	No	Describe Uses
Public assembly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Educational	<input type="checkbox"/>	<input type="checkbox"/>	_____
High pile combustibile stock	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor storage	<input type="checkbox"/>	<input type="checkbox"/>	_____

**All "Yes" responses require completing the information to the right of the yes box and providing detailed information in the corresponding section on the front.*

The applicant must contact the Administrative Services Department to obtain a business license, which is required prior to occupying this location.

By signing here I acknowledge that my business is legally permitted under Local, State and Federal laws.

Signature

Date

Business Title

City Use Only

Staff Member	Approval Date	Denial Date
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1. Planning _____

Comment/ Conditions _____

2. Building _____

Comment/ Conditions _____

3. Fire _____

Comment/ Conditions _____

Occupancy Classifications:

Major _____ Minor _____ Occ Load _____

Commercial Industrial Restaurant Office

Other _____