



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 |
|--------------|---------------|-------------|
|--------------|---------------|-------------|

1. Planning _____

Comment/ Conditions _____

2. Building _____

Comment/ Conditions _____

3. Fire _____

Comment/ Conditions _____

Occupancy Classifications:

Major _____ Minor _____ Occ Load _____

Commercial Industrial Restaurant Office

Other _____