

Lake County Fire Protection District
 14815 Olympic Drive
 Clearlake, CA. 95422
 Phone: (707) 994-2170 Fax: (707) 994-4861

COO- _____

**OCCUPANCY INSPECTION
 APPLICATION**

BTN _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS		UNIT OR SUITE	ZIP CODE
BUSINESS NAME		BUSINESS PHONE NO. () -	EMERGENCY PHONE NO. () -
BUSINESS OWNER'S NAME & TITLE		BUSINESS OWNER'S DRIVERS LICENSE NO. & STATE	
BUSINESS OWNER'S MAILING ADDRESS		EMAIL ADDRESS	
DO YOU SUBLEASE? <input type="checkbox"/> Yes <input type="checkbox"/> (IF YES, NAME OF SUBLEASOR)		SQUARE FEET	FLOOR AREA
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY NAME		BUSINESS PHONE NO. () -	EMERGENCY PHONE NO. () -
LEASING AGENT OR PROPERTY MANAGEMENT COMPANY ADDRESS			
PROPERTY OWNER'S NAME		BUSINESS PHONE NO. () -	EMERGENCY PHONE NO. () -
PROPERTY OWNER'S ADDRESS			
BUSINESS DESCRIPTION _____ <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> AUTO REPAIR (NO WELDING, NO OPEN FLAMES, NO SPRAY PAINTING) <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL SALES <input type="checkbox"/> AUTO BODY (SEE ATTENTION BELOW) <input type="checkbox"/> WHOLESALE <input type="checkbox"/> WOODWORKING (SEE ATTENTION BELOW) <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> EATING ESTABLISHMENT (SEE PWA) <input type="checkbox"/> GROUP ASSEMBLY <input type="checkbox"/> OTHER (DESCRIBE ABOVE)		<input type="checkbox"/> Yes <input type="checkbox"/> No No. 1 Will you be storing and/or utilizing hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No No. 2 Does your production process produce hazardous waste? If you have answered Yes to either question you must contact Lake County Fire Protections Authority's Hazardous Material Disclosure Section at (707) 994-2170. If YES, please describe _____ _____	
ATTENTION: ALL GROUP "H" OCCUPANCIES (INCLUDING, BUT NOT LIMITED TO, AUTO BODY, AUTOMOTIVE WORK OR STORAGE INCIDENTAL TO WELDING WITH OPEN FLAME, WOODWORKING, CUTTING, SHAPING OR SANDING WOOD) SHALL NOT BE CONDUCTED IN ANY BUILDING OR STRUCTURE UNLESS THERE IS AN APPROVED FIRE SPRINKLER SYSTEM INSTALLED.			
SIGNATURE		TITLE	DATE
DEPARTMENT USE ONLY		EXPIRED/OPEN PERMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> Date of report:	
PRIOR APPROVED USE		PRIOR APPROVAL DATE	PRIOR OCCUPANCY GROUP
PRIOR CONSTRUCTION TYPE			
PLANNING	ZONE	VA	CUP
APPROVED	DENIED	DATE	
OCC. LOAD	OCCUPANCY GROUP	CONSTRUCTION TYPE	DATE
APPROVED	DENIED	DATE	
Note: One of the following must be checked by the Authority Having Jurisdiction Inspector. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the inspector identified any hazardous materials at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is hazardous waste being generated at this site? NOTES: (LIMITATIONS OF APPROVED OCCUPANCY) _____ _____ _____ _____			

CERTIFICATE OF OCCUPANCY SUPPLEMENTAL QUESTIONNAIRE

Please turn in this completed form with your Certificate of Occupancy application.

Company Name (Print): _____

Contact Name: _____

Address (business mailing address): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ E-mail Address: _____

Change of Property Owner Change of Occupant Change of Use Additional Occupant

1. The following best describes my operation:

Office Only Retail Sales Medical/Dental

Warehouse/Manufacturing/Distribution Restaurant/Take Out Food

Other (describe)

2. Please provide a brief description of how the business operates at this site (for example, please describe the general nature of the business, what activities occur on-site, the **hours of operation, open to the public**).

3. What was the former type of business or use of facility? *(Please contact the leasing agent or building owner to determine prior business use.)*

4. Has the building or space been vacant or is this a new building? Yes No

If vacant, for how long? _____

5. Are you an independent contractor? Yes No

6. Location of the business and suite number: _____

1st floor 2nd floor ___ floor

7. Do you share the floor or business entrance with another business? Yes No

8. What is the amount of square footage leased? _____

9. How much of the space, which you lease, is office?

100% 50% 30% Less than 30%

If other than 100%, how is the remaining space used?

10. Is the building sprinklered? Yes No

11. Do you plan on making any improvements to the building such as: exterior painting, signage, interior tenant improvements? Yes No

If yes, please describe:

12. Will your business include a lobby or waiting area? Yes No

If yes, what will be the dimensions?

13. Do you store equipment, materials, or products within the building? Yes No

a. Will there be outdoor storage of equipment, materials, or products? Yes No

If yes, please describe:

b. **Will there be storage racks, pallets and/or shelving exceeding 5 feet 9 inches in height?** Yes No (*permit required for racks/shelving over 6', inquire with permit counter*)

14. Do you manufacture a product at the site? Yes No

If yes, please describe (*including process and end product*):

a. **Will operations produce dust/wood shavings or similar material?** Yes No

b. **Does the operation involve the use of welding or open flame?** Yes No

15. Does the proposed use involve a patient care profession, such as doctor, dentist, chiropractor, acupuncturist, or physical therapist? Yes No

a. Is the proposed use within the mental health profession, such as:

No/Not Applicable Psychologist Psychiatrist

Social worker Other _____

16. Is counseling proposed as a part of your business operation? Yes No

a. Does your counseling business contract work with a public agency? Yes No

If yes, please describe:

17. Will your business be offering the following services:

Alcohol sales Smoking Lounge Tattoos/ Permanent make-up

Body piercing/ Ear piercing None of the above

18. Will your business be offering massages as part of your business operation? This includes massage as ancillary to pedicures, manicures, and other services. Yes No

19. Is cannabis or cannabis related product stored, cultivated, distributed, tested, manufactured or dispensed at your business? Yes No

20. Do you prepare or sell food for consumption on or off the property? Yes No

If yes, do you provide sit down service , drive-through , or orders to go/pick-up ?

Please explain:

21. Does your business sell automobiles or motorcycles? Yes No

If yes, please explain:

22. Does your business service or repair vehicles or install equipment and accessories into vehicles?

Yes No

If yes, please explain:

23. I acknowledge that I have requested and received all zoning and Santa Ana Municipal Code requirements pertaining to my business and occupancy application. _____(initial)

DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

Print Name

Title

Information

The Lake County Fire Protection District Public office is open for walk-up customers from 8:00 a.m. to 4:00 p.m., Monday through Friday and closed from noon to 1:00 p.m. each day for lunch. Additionally, you may call us at (707) 994-2170 should you require any general information.

The Lake County Fire Protection District reviews the Certificate of Occupancy requests for change of address, new businesses, or expansions to ensure that the proposed use is consistent with the established zoning regulations of Lake County and the City of Clearlake. Please check with the Lake County Fire Protection District prior to signing a lease or committing your business to a certain location to determine the feasibility.

If a nonconforming use is discontinued, or if a nonconforming building is vacant, unused or unoccupied for a period of 12 consecutive months, any subsequent use must conform in every respect to the provisions of the Municipal Zoning Code, and a nonconforming building may not thereafter be used or occupied until it conforms in every respect to the provisions of the Code.

Generally, the following uses will require further documentation or an extended review and may or may not be permitted: office uses within an industrial zone; medical, restaurant, laundromat, trade or technical schools, and automotive repair and service uses within spaces that were not previously used for such purposes; a building that does not meet the parking demand for the proposed use; or a use which generates a higher parking demand or adherence to development standards than the previous uses.

You may need to provide floor plans, site plans, or document the prior use before obtaining a Certificate of Occupancy to determine the grand-parented rights of a nonconforming use, or a use which has additional Code requirements.

INDEMNIFICATION AGREEMENT

Permit No: _____

Project Name and Address: _____

As part of this application, the applicant agrees to defend, indemnify, and hold harmless the Lake County Fire Protection District (LCFPD), its agents, officers, councilmembers, employees, and boards from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void, or annul any approval of the application or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be awarded to the prevailing party arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the (LCFPD), its agents, officers, councilmembers, employees, and boards. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

The Lake County Fire Protection District (LCFPD) shall have the right to appear and defend its interests in any action through its Attorney or outside counsel. The applicant shall not be required to reimburse the (LCFPD) for attorney's fees incurred by the (LCFPD) or the (LCFPD's) outside counsel if the (LCFPD) chooses to appear and defend itself in the litigation.

I have read and agree to all of the above.

Applicant (please print name)

Applicant (please sign name)

ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS SUBMITTED TO THE (LCFPD) SHALL BE CONSIDERED PUBLIC RECORDS

The applicant acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the (LCFPD) by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the (LCFPD) as public records pursuant to the CA Public Records Act which may be reviewed by any person and if requested, that a copy will be provided by the (LCFPD) to any person upon the payment of its direct costs of duplication.

I have read and agree to all of the above.

Applicant (please print name)

Applicant (please sign name)