



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 \_\_\_\_\_

The completeness of the information provided below will directly influence the time necessary to process this application. A processing fee of \$250 (new business) or \$100 (ownership/name change) must be paid at the time of submittal.

## I. Business Information

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Unit No. \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 City Business License No. \_\_\_\_\_

## II. Business Owner Information

Business Owner's Name \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

## III. Owners Information (for building or property)

Owner's Name \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Owners Address \_\_\_\_\_

## IV. 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
<b><i>Floor Plan Not Required</i></b>	<input type="checkbox"/> Expansion of Floor Area
Building Permit #: _____	
<b><i>Floor Plan Required</i></b>	

## V. Use and Occupancy Information:

Existing Use	Sq.ft.	Proposed Use	Sq.ft.
Existing Area		Proposed Area	
No. of Parking Stalls		No. stories of bldg.	
No. of Employees _____			

## VI. Is the Building Protected with an Automatic Sprinkler System:

Yes  No

## VII. Is the business a food facility:

Yes  No

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

Yes  No

*If yes, please fill out Fats, Oils, and Grease form.*

## VIII. General Business Description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## X. Use Description

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

## XI. 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           

Do you share this address with another business?           

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 _____		
_____		
_____		
<input type="checkbox"/> Plan check submittal required		
2. Building _____	_____	_____
Comment/ Conditions _____		
_____		
_____		
<input type="checkbox"/> Plan check submittal required		
3. Fire _____	_____	_____
Comment/ Conditions _____		
_____		
_____		
<input type="checkbox"/> Plan check submittal required		

### Occupancy Classifications:

Major \_\_\_\_\_ Minor \_\_\_\_\_ Occ Load \_\_\_\_\_

Commercial     Industrial     Restaurant     Office

Other \_\_\_\_\_