



Instructions for Business Occupancy Permit (BOP)

CITY OF COLTON - Development Services Department

Zoning Clearance: Contact the planner on duty in person, through email: planning@coltonca.gov, or by phone at (909) 370-5079 (dial option #1) to discuss your business proposal. Once the proposed use is determined to be permitted by right, submit the Business Occupancy Permit (BOP) application at the Development Services Department Counter open Monday – Thursday from 7:30 am to 5:00 pm. **Please confirm whether the electrical utilities are turned on at the location.** All proposals for a business license, including those for property ownership and/or management, require a BOP, unless determined that a BOP may be waived through a BOP Waiver (“BOW”) application.

Inspections: After receiving zoning clearance and submitting your BOP application, **pay the one-time fee of \$826.00** to obtain your BOP Number. The applicant must then contact Customer Services (Utilities) in-person, or by phone at (909) 370-5555, to request a **temporary (30 day) service connection** to accommodate the BOP inspection process.

1. After setting up your office/place of business email bop@coltonca.gov to schedule an inspection.
2. Please include the BOP Number and Address in your email. Indicate whether for first inspection, or re-inspection.
3. If an inspection request is received by 4:00 pm on Wednesday, *an inspection will be scheduled on Thursday between the hours of 2:00 pm and 4:00 pm., please have the property accessible with an adult present.*

Business License Application: A Business License Application form, with fee (\$104.00; separate from the BOP fee), may also be submitted at the Development Services Department. Please note that if an existing business is being taken over, the current business owner is required to close the business. A Business License is not transferable. The existing Business License is terminated when business ownership changes. The new owner will be responsible for obtaining his/her own Business License and pay annual fees.

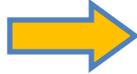
BOP Expires in 30 Days/Extension of Time: The site must pass all inspections within 30 days. Limited number of extensions are available (\$250.00 fee is required). If the BOP is not completed within a reasonable time, **the utilities will be shut off, unless extended through the Planning Division.**

Re-inspections: Re-inspections may be scheduled directly with each corresponding Division/Department to inspect a prior correction. Please note that more than two fire inspections will require a re-inspection fee paid directly to the Fire Department located at 303 E. E Street, Colton, CA 92324. Contact information for re-inspection is below:

Department/Division	Typical Items Inspected
ENVIRONMENTAL COMPLIANCE Esteban Vasquez; (951) 346-8233 Email: evasquez@coltonca.gov	<ul style="list-style-type: none"> • Wastewater sources, if other than restrooms, sinks, or air conditioning condensate. • Compliance with local, regional, and state-wide stormwater regulations
WATER John Ahearn; (909) 370-6164 Email: jahearn@coltonca.gov	<ul style="list-style-type: none"> • Backflow Device inspections, if applicable, are scheduled separately by appointment: Public Works Department Number: 909-370-5065
PLANNING (909) 370-5523 Email: planning@coltonca.gov	<ul style="list-style-type: none"> • Compliance with Zoning Code, including parking, path of travel (exterior), signage, and compliance with conditions of approval.
FIRE DEPARTMENT Rick McBride; (909) 514-4250 Email: rmcbride@confire.org	The Fire and Life Safety Inspection is based on the occupant’s use of the building/space. <u>Please be “set-up” as if ready to conduct business prior to the inspection.</u> Common inspection items may include, but not be limited to: <ul style="list-style-type: none"> • Address on the front and the rear of the occupancy. • Portable Fire extinguishers – Annual Service. • All Fire Code / Life Safety Code compliance issues based the type of use/occupancy
BUSINESS LICENSE (909) 370-5544 Email: businesslicense@coltonca.gov	<ul style="list-style-type: none"> • Receive information at the time the BOP is applied for and once the BOP is signed-off, then apply for the business license and pay fee. Additional paperwork may be required such as fictitious name statement, sellers permit, health permit and/or corporation papers.

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Consult with **Planning Division** to confirm whether a **Business Occupancy Permit (BOP)** or what type of **Business Occupancy Waiver (BOW)** applies.



TENANT IMPROVEMENT:

- Does the unit require a **Tenant Improvement (TI)**?
 - Change of Building Occupancy
 - ADA compliant Restrooms/Parking/Access
 - Conversion/Alteration to existing floor plan
- If so, please consult with the Building & Safety Division. **Tenant Improvement permits must pass plan check prior to issuance of BOP (may be addressed at later date if not required for business to open).**



BOP:

- Submit BOP application and supporting documents:
 - Site Plan & Floor Plan
 - Operation Statement/Menu
- Pay Fee - **\$826.00**
 - Visa/MasterCard (+3% CC Processing)
 - Check or Exact Cash
- **BOP Permit Issued**

BOW:

- Property owner leasing commercial units;
- Related accessory Business located within primary Business;
- Change of Property Ownership



BUSINESS LICENSE:

- Submit Business License application.
- Separate annual fee collected (\$104.00)
- Supporting Documents (as applicable):
 - Fictitious Business Name filing
 - Sellers/Resale Permit
 - Health Department Permits
 - Articles of Incorporation



BOP INSPECTIONS:

- Email bop@coltonca.gov to schedule an inspection.
- Include the BOP Number and Address in your email. Indicate whether for first inspection, or re-inspection.
- If an inspection request is received by 4:00 pm on Wednesday, BOP inspection will be scheduled on Thursday between 2:00 pm and 4:00 pm.
- If corrections are issued, complete work and setup re-inspection with each department as needed.
- Please note that more than two fire inspections will require a re-inspection fee paid directly with the Fire Department located at 303 E. E Street, Colton, CA 92324



Next Steps:

- Once you are issued a BOP/BOW take your Permit to the Customer Service window at City Hall to establish a utility account & connection – Additional fees/deposit may be required.
- If you are activating a newly issued BOP, you will be granted 30 days of temporary power to complete your BOP inspections. See “Extension of Time” on instructions page.

Business Occupancy Permit (BOP) Application Form

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DO NOT WRITE HERE - FOR OFFICE USE ONLY

Power is ON or OFF Since, date: _____

_____ Confirm with Customer Service

APN: _____ Zone: _____

Alteration/Conversion/Occupancy: Yes No

Zoning Approval - Staff: _____ (Initial) Date: _____

BOP Number: _____

NAICS Code and Notes: _____

Business Company Name (dba)

Business Owner Name /Applicant name

Property Address: _____ Unit No. _____

Existing (Previous) Business/Use at Site

Brief Description of Proposed Business/Use (to appear on business license certificate)

Detailed Description of Proposed Business/Use, including the product types, processes, activities, including any accessory (secondary) to the main use (attach a letter as an operation statement if necessary):

The following are attached:

Site Plan/Sketch. REQUIRED OF ALL APPLICATIONS

Floor plan/ Interior layout

Tenant list/parking review based on uses

Operation statement. Description of business signed by operator of business.

Other _____

Change in Occupancy / Tenant Improvements General Information Provided Date: _____

Property Owner's Certification (Business Owner signs on Page 2)

By signing below, I hereby certify that I am the record owner(s) of the property stated above or an authorized representative to act on behalf of the property owner, and further authorize the submittal of this application.

Signature	Date	Property Owners Rental Business License Number
Print Name	Title	(_____) _____ Phone Number
Company Name		(_____) _____ Phone Number Mobile
Mailing Address	City, State	Zip Code
		Email Address

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Property Address _____

Business Company Name _____

No. of Employees: _____ Tenant Area (sq. ft.): _____ Hours of Operation: _____

Check off the following uses/activities that may occur as part of the proposed business/use?

- | | |
|---|--|
| <input type="checkbox"/> Alcohol, including beer & wine | <input type="checkbox"/> Fleet or delivery vehicle(s) |
| <input type="checkbox"/> Use of racks or heavy equipment | <input type="checkbox"/> Training/school activities |
| <input type="checkbox"/> Food preparation or handling sale or storage of used or recycled items | <input type="checkbox"/> Outdoor storage or physical changes |
| <input type="checkbox"/> Massage or Entertainment activities | <input type="checkbox"/> Any activities outdoors |
| | <input type="checkbox"/> Tobacco/Related Products |

HAZARDOUS WASTE QUESTIONNAIRE –

A final business occupancy permit will not be issued unless the requirements of the Department of Environmental Health Services (DEHS) and the Air Quality Agency have been satisfied or are in the process of being satisfied.

_____ YES _____ NO Will the applicant or future occupant of this facility, during any time of operation, handle, store, use, generate or manufacture a hazardous material or hazardous waste in any quantity above ground or underground?

If “yes,” contact:

San Bernardino Dept. of Environmental Health Services (DEHS) at 385 N. Arrowhead - 2nd FLOOR, Public Counter San Bernardino, Ca 92415-0160 - (909) 884-4056

_____ YES _____ NO If “yes” to the above, is the facility property line within 1,000 feet of a “school/proposed school” property line? (Note: “school” may include licensed day care centers).

_____ (Initial) if “yes” to any of the above, obtain proper permits from the South Coast Air Quality Management District or Local Air Quality Agency, if required. If air permits are required, provide a written statement from Air Quality Agency.

_____ (Initial) a final Business Occupancy Permit will include County Environmental Health Services sign-off when applicable.

Business Owner’s Certification

I hereby certify that I am the prospective business owner (applicant) for this application and that the preceding statements are true.

Signature: _____

Date: _____

Print Contact Name _____ Title _____

() _____
Phone Number:

Company Name _____

() _____
Mobile Number:

Mailing Address _____ City: _____ State: _____ Zip Code: _____ Email Address: _____

Business Occupancy Permit (BOP) Application Form

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Public Works Environmental Compliance: Pretreatment Program Plan Submittal Survey Form

DESCRIPTION OF INDUSTRIAL PROCESS ACTIVITIES

Provide a brief description of industrial process, manufacturing or activities performed on the business site: _____

Building is: ___ New ___ Existing

If existing, is there a current Wastewater Discharge permit held with the City of Colton?

___ Yes ___ No ___ Unknown If yes, provide Permit No.: _____

Indicate Yes or No:

Yes	No										
		Will water be discharged to the sewer from sources other than restrooms, hand sinks, air-handling equipment, or condensate sinks? If yes, please include a detailed description of the various wastewater sources in an attachment.									
		Are floor drains installed in any production or material storage areas?									
		Are or will any solvents or hazardous materials be used or stored at the property?									
		Is there any treatment planned for wastewater prior to discharge to the sewer? Examples may include grease interceptor, sand/oil separator, pH neutralization, etc.									
		Will this facility operate one or more of the following processes? If yes, please indicate the processes that apply below:									
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">___ Auto/Truck Service or Repair</td> <td style="width: 33%; border-bottom: 1px solid black;">___ Photo/X-Ray Processor</td> <td style="width: 33%; border-bottom: 1px solid black;">___ Car/Truck Wash</td> </tr> <tr> <td style="border-bottom: 1px solid black;">___ Printing Operations</td> <td style="border-bottom: 1px solid black;">___ Food Service/Kitchen</td> <td style="border-bottom: 1px solid black;">___ Material/Equipment Washing</td> </tr> <tr> <td style="border-bottom: 1px solid black;">___ Industrial/Commercial Laundry</td> <td style="border-bottom: 1px solid black;">___ Wastewater Treatment</td> <td style="border-bottom: 1px solid black;">___ Reverse Osmosis</td> </tr> </table>	___ Auto/Truck Service or Repair	___ Photo/X-Ray Processor	___ Car/Truck Wash	___ Printing Operations	___ Food Service/Kitchen	___ Material/Equipment Washing	___ Industrial/Commercial Laundry	___ Wastewater Treatment	___ Reverse Osmosis
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___ Industrial/Commercial Laundry	___ Wastewater Treatment	___ Reverse Osmosis									

If the answer to any of the above questions is "Yes," you must submit plumbing (riser) plans for review by the Environmental Compliance Division of the City of Colton, prior to obtaining Building Permit. Requirements may include a Wastewater Treatment Permit, pretreatment facilities, or monitoring provisions. Initial release will be given once these items have been addressed in the plans. Please be advised, that plans must also be reviewed and approved by the Water and Wastewater Divisions, prior to obtaining a building permit.

BUSINESS INFORMATION

What is your business Standard Industrial Classification (SIC) Code? _____

Yes	No	N/A	
			According to Attachment A of the General Permit for Storm Water Discharges Associated with Industrial Activities (IGP), does your facility require IGP coverage?
			Has an NOI or NEC application been submitted with the State Water Board?

Signature required by person submitting survey,

I, the undersigned, state that the above answers are true and correct to the best of my knowledge.

Signed: _____ Date: _____

Title: _____

To schedule a Pretreatment Program Plan Review, or if you have any questions, please call Gary Ethridge at (909) 370-6128. Plans may be submitted in person, or mailed: Water and Wastewater Dept., City of Colton – "Pretreatment Program," 160 S. 10th St., Colton, CA 92324