

CITY OF HIGHLAND

COMMERCIAL BUSINESS LICENSE APPLICATION CHECKLIST

_____ APPLICATION FEE	FEES:	\$360
_____ BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	FEES:	\$195
_____ FIRE PERMIT	FEES:	\$145
_____ AB 1379	FEES:	\$4
	TOTAL FEES:	\$704

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 3-4 weeks to process this application, once all information is received.

- _____ Copy of Lease or Sub-Lease Agreement or Escrow Papers **(Required)**
- _____ Copy of ABC License (951) 782-4400 or www.ABC.ca.gov
- _____ Copy of BAR License (800) 952-5210 or www.smogcheck.ca.gov
- _____ Copy of AQMD Permit and/or Registrations or Exemption (application provided) (800) 888-8838 or (909) 396-2900 **(Required)**
- _____ Copy of San Bernardino County Fire-Hazardous Materials Disclosure (application provided)**(Required)**
- _____ Copy of Commercial Floor Plan, see attachments for instructions and examples **(Required)**
- _____ Copy of Commercial Site Plan, see attachments for instructions and examples **(Required)**
- _____ Copy of Resale or Wholesale permit. You may need to obtain a seller's permit if you are engaged in business in California and sell merchandise that is subject to sales or use tax. Call the California Department of Tax and Fee Administration at (800) 400-7115 or visit www.cdtfa.ca.gov to inquire about applying for your permit.
- _____ Copy of WDID Receipt Letter
- _____ Copy of Health Permit 385 N Arrowhead Ave. San Bernardino, CA (909) 387-4323-MUST HAVE Health Permit if business is any of the following: Restaurant/prepackaged food stores/wholesale food manufacturers and distributors/mobile food facilities/commissaries/vending machines/massage clinics/tattooing, body piercing, and permanent cosmetics clinics/apartments/camps/small water systems/liquid waste haulers/medical waste generators/certified farmers markets
- _____ Copy of Tobacco License (951) 782-4400 or www.abc.ca.gov
- _____ Copy of Electronic/Appliance Repair License (919) 574-2069 or www.bar.ca.gov
- _____ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino (Any business name that does not include the last name (surname) of the owner, or which implies additional owners such as "Company" or "and Son's")
- _____ Copy of Exemption Form and back up documents
- _____ Articles of Incorporation or Articles of Organization (if Corp or LLC is checked)
- _____ Copy of Current Professional License

Office Use Only

- _____ Verify all applicable fields are filled out and legible and enter all applicable fields
- _____ Verify Fictitious Business Name Statement Requirement
- _____ Verify Owner on Lease Agreement is listed as an Owner of property on Gov Clarity
- _____ Verify that they either supply Health/Sellers Permit or they sign application section certifying they are not subject to it
- _____ Once all departments have approved change status to Active/Issued and send out license in the mail

BL#	
Routed	

CITY OF HIGHLAND
COMMERCIAL BUSINESS LICENSE APPLICATION

In order to avoid a delay in processing your application, please provide all applicable information, and type or print clearly.

_____ APPLICATION FEE	FEE: \$360.00
_____ BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	FEE: \$195.00
_____ FIRE PERMIT	FEE: \$145.00
_____ AB 1379	FEE: \$4.00
	TOTAL FEES: \$704.00

DBA Business Name: _____
 Business Name: _____
 Location Address: _____
 City, State, Zip: _____
 Mailing address: _____
 Business Phone: _____ Fax Number: _____
 Email Address: _____

Type of Business: _____ Sole Proprietor _____ Partnership _____ Corp
 _____ LLC _____ Charitable _____ Other

Honorably Discharged Veteran selling tangible goods? _____ Yes _____ No
 Is this business "Not For Profit"? _____ Yes _____ No
 Will the business operations include any waste, waste water, or rinse water to the ground, street, or storm drain? _____ Yes _____ No

Type of business being conducted: _____
 Identify SIC Code*: _____ SIC Description: _____

*Standard Industrial Classification (SIC) Code information can be found at <https://www.osha.gov/pls/imis/sicsearch.html>

Owner or Principal Officers:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____

Did you make any tenant improvements to the above business location? _____ Yes _____ No
 If yes, please explain: _____
 I completed the registration process through the South Coast Air Quality District? _____ Yes _____ No
 I completed the registration process through the San Bernardino Fire Department for Haz Mat? _____ Yes _____ No

Resale Permit #: _____ NPDES WDID #: _____
 Sign here to certify not subject to Resale Permit: _____ Professional License #: _____
 Health Permit #: _____ License Type: _____
 Sign here to certify not subject to Health Permit: _____ Expiration Date: _____

I declare, under penalties of Perjury, by signing as (one of) the owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, as well as the property owner(s), and to the best of my knowledge believe to be true, accurate and complete of all facts. I authorize representatives of this city or county to enter the above identified property for inspection purposes during listed business hours of operations. I further certify that the above business will be conducted in compliance with the applicable provisions of The City of Highland Municipal Codes & Ordinances, including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy, the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay by the due date to avoid penalties. The applicant has up to 90 days to comply with the application process and the renewal process. If you do not meet this time period, your business license will be closed.

Signature: _____ Date: _____

OFFICE USE ONLY

First (_____)	_____	Fifth	_____
Zoning	Planning Approval	Code Enforcement Approval	Date
Second	_____		
Public Services Approval	Date		
Third	_____	Sixth	Finance
BP#	Building & Safety Approval	_____	1. Confirm property owner in Gov.Clarity
Fourth	_____	_____	2. Enter all applicable fields
Fire Inspector Approval	Date	_____	3. Enter any applicable license and exp. dates
		_____	4. Enter Approvals on Approval screen

Building & Safety/Fire/Planning/Code Requirements

In order to avoid a delay in processing your application, please provide all applicable information, and type or print clearly. Any new developments, additions, or alterations to existing spaces will need to obtain a Certificate of Occupancy with through the final completion of the Building and/or Fire construction permits prior to business licensing process. Please contact Building & Safety Department (909) 864-6861 x 232.

Certificate of Occupancy & Fire Permits

Per the 2022 California Building Code Section 111 and the 2022 California Fire Code Section 105.3.3-A building or structure shall not be used or occupied in whole or part, and a change of occupancy of a building or structure or portion thereof shall not be made, until the building official has issued a certificate of occupancy therefor. The building or structure shall not be occupied prior to the code official/officials issuing a permit and conducting associated inspections indicating the applicable provisions of this code or other laws that are enforced by the department.

South Coast AQMD (air quality permit checklist 2021)

All businesses are required to complete the registration process through South Coast Air Quality management District - Small Business Assistance Office. Go to <http://www.aqmd.gov/home/programs/business/business-detail?title=permit-checklist&parent=small-business-assistance>. Provide registration clearance to the City.

San Bernardino County Fire - Hazardous Materials Division (See: CUPA- Hazardous Materials Disclosure)

All Businesses are required to complete the registration process through San Bernardino County Fire Department. Go to: <https://cers.calepa.ca.gov/>. Provide Clearance to the City.

Signs

All new signs to be used in conjunction with your business must be approved by the City of Highland's Planning Division. Please call the Planning Department at (909) 864-6861 x258 to discuss your needs for a Sign Review Application. New business identification signs cannot be installed until a sign application had been approved. Permits for signage construction and replacement -- Please contact Building & Safety Department (909)864-6861 x232.

Staff Review

New commercial applicants must submit a Staff Review application to the Planning Department. Please contact the Planning Department at (909) 864-6861 x 258.

AB1379- \$4 Certified Access Specialist Program Fee on Business License Applications and Renewals

“Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
The Department of Rehabilitation at www.rehab.ca.gov/net.gov
The California Commission on Disability Access at www.cdda.ca.gov”

I declare, under penalties of perjury, by signing as (one of) the owner(s), principal officer(s) listed below, that this Attachment to the Commercial Business License Application has been examined by me, and to the best of my knowledge is true, accurate, and complete of all facts.

Signature: _____

Date: _____

DISABILITY ACCESS REQUIREMENTS AND RESOURCES



NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF GENERALSERVICES,
Division of the State Architect, CASp
Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

disabilityaccessinfo

DEPARTMENT OF GENERALSERVICES,
California Commission on Disability Access

www.cdda.ca.gov

www.cdda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them. To find a CASp, visit

www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcfca/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

DISABILITY ACCESS REQUIREMENTS AND RESOURCES



AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) –The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility’s compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.



COUNTY OF SAN BERNARDINO
Office of the District Attorney
JASON ANDERSON
District Attorney
303 West 3rd Street
San Bernardino, CA 92415

Date of inspection:

California Labor Code § 3700. Insurance and Security *(Securing payment of compensation)*

Every employer except the state shall secure the payment of compensation in one or more of the following ways:

- (a) By being insured against liability to pay compensation by one or more insurers duly authorized to write compensation insurance in this state.

- (b) By securing from the Director of Industrial Relations a certificate of consent to self-insure either as an individual employer, or as one employer in a group of employers, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his or her employees.

California Labor Code § 3711. Uninsured Employers Fund *(Statement by employer showing name of insurer or compliance with requirement to secure compensation)*

The director, an investigator for the Department of Insurance Fraud Bureau or its successor, or a **district attorney investigator assigned to investigate workers' compensation fraud may, at any time, require an employer to furnish a written statement showing the name of his or her insurer or the manner in which the employer has complied with Section 3700.** Failure of the employer for a period of 10 days to furnish the written statement is prima facie evidence that he or she has failed or neglected in respect to the matters so required. The 10-day period may not be construed to allow an uninsured employer, so found by the director, any extension of time from the application of the provisions of Section 3710.1. An insured employer who fails to respond to an inquiry respecting his or her status as to his or her workers' compensation security shall be assessed and required to pay a penalty of five hundred dollars (\$500) to the director for deposit in the State Treasury to the credit of the Uninsured Employers Fund. In any prosecution under this article, the burden of proof is upon the defendant to show that he or she has secured the payment of compensation in one of the two ways set forth in Section 3700.

California Labor Code § 3700.5. Insurance and Security (Failure to secure payment)

(a) The failure to secure the payment of compensation as required by this article by one who knew, or because of his or her knowledge or experience should be reasonably expected to have known, of the obligation to secure the payment of compensation, is a misdemeanor punishable by imprisonment in the county jail for up to one year, or by a fine of up to double the amount of premium, as determined by the court, that would otherwise have been due to secure the payment of compensation during the time compensation was not secured, but not less than ten thousand dollars (\$10,000), or by both that imprisonment and fine.

(b) A second or subsequent conviction shall be punished by imprisonment in the county jail for a period not to exceed one year, by a fine of triple the amount of premium, or by both that imprisonment and fine, as determined by the court, that would otherwise have been due to secure the payment of compensation during the time payment was not secured, but not less than fifty thousand dollars (\$50,000).

(c) Upon a first conviction of a person under this section, the person may be charged the costs of investigation at the discretion of the court. Upon a subsequent conviction, the person shall be charged the costs of investigation in addition to any other penalties pursuant to subdivision (b). The costs of investigation shall be paid only after the payment of any benefits that may be owed to injured workers, any reimbursement that may be owed to the director for benefits provided to the injured worker pursuant to Section 3717, and any other penalty assessments that may be owed.

Name of Business

Print Name of Business Owner

Date

Signature of Business Owner



South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182

Air Quality Permit Checklist

Small Business Assistance Office
1-800-388-2121
smallbizassistance@aqmd.gov
www.aqmd.gov

South Coast Air Quality Management District developed this Air Quality Permit Checklist (checklist) as a screening evaluation tool in the process required by California Government Code Section 65850.2.

Please submit this checklist to the Small Business Assistance Office by email, mail, or in person for review. If you have any questions or need assistance completing this checklist, contact the Small Business Assistance Office. Provide a response to **all sections** of this checklist as South Coast AQMD may decline to approve this checklist due to lack of information from the applicant.

NOTE: This checklist is not intended for the approval of demolition or renovation activities. If there are any **demolition or renovation activities** that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

Section A – Operator and Business Information

1. Business Name:

2. Address:

_____ CA _____
Street City Zip

3. Contact Name:

Phone:

Title:

Email:

Section B – Business and Equipment Description

Please provide a detailed description of the ongoing business operations performed and equipment used at this location, including both new and existing equipment.

Provide the existing South Coast AQMD facility ID and/or permit numbers, if any.

Section C – Equipment List

Select from the list below equipment currently in operation or to be installed.
(Select all that apply and provide the specifications)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Abrasive Blasting Cabinet/Room <input type="checkbox"/> Air Conditioning Systems (> 50 lbs of refrigerant) <input type="checkbox"/> Application of Paints/Adhesives/Resins <input type="checkbox"/> Baghouse/Dust Collector <input type="checkbox"/> Bakery Oven (gas-fired, excluding eating establishments) <input type="checkbox"/> Boiler/Water Heater
(max. heat input = or > 1 million BTU/hr) <input type="checkbox"/> Charbroiler <input type="checkbox"/> Coffee Roaster (excluding eating establishments) <input type="checkbox"/> Deep Fryer (excluding eating establishments) <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Electrostatic Precipitator <input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting <input type="checkbox"/> Fermentation <input type="checkbox"/> Gasoline Storage & Dispensing <input type="checkbox"/> Internal Combustion Engine
(rated > 50 bhp; e.g. back-up generator, fire pump) <input type="checkbox"/> Mixing/Blending of Liquids and/or Powders <input type="checkbox"/> Molding/Extruding/Curing of Plastics <input type="checkbox"/> Pharmaceutical/Nutraceutical <input type="checkbox"/> Plasma/Laser Cutter <input type="checkbox"/> Printing/Coating/Drying <input type="checkbox"/> Refrigeration Systems (containing >50 lbs of refrigerant)
Contact the CA Air Resources Board to register the systems.
916-324-2517 or rmp@arb.ca.gov | <ul style="list-style-type: none"> <input type="checkbox"/> Soldering Oven <input type="checkbox"/> Spray Booth <input type="checkbox"/> Storage Tanks <input type="checkbox"/> Storage Silos <input type="checkbox"/> Fuel-burning equipment <input type="checkbox"/> OTHER equipment which may have the potential to emit or control air contaminants:

_____ |
|--|--|

Section D - Business Self Certification

7. Owner or Authorized Representative*:		Title:
Signature:	Date:	Phone:

I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.

South Coast AQMD USE ONLY	Equipment:	Approved By:
	<input type="checkbox"/> Applicant has permit(s) or registration(s):	
	<input type="checkbox"/> Applicant has filed for permit(s) or registration(s):	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring a permit or registration.	

*An **Authorized Representative** is an employee of the business described in Section A, who is authorized to sign on behalf of the owner.

HAZARDOUS MATERIALS DISCLOSURE

Please place a check mark next to the category of hazardous materials that you use or store at your place of business.

- Gasoline, diesel or used oil stored in an underground tank: lubricating oils, antifreeze, hydraulic fluids, etc. associated with automotive repair facilities; motor vehicle batteries (less than 1000 pounds); and oxygen acetylene, argon or other compressed gases (less than 1000 cubic feet) associated with automotive welding.
- Flammable - Gasoline, naphtha solvent, acetone, kerosene, paint thinner, paint, and ink.
- Combustibles - Diesel oil, fuel oil, mineral oil, lubricating oil, and liquid asphalt.
- Corrosives - Acetic acid, ammonium hydroxide, chromic acid, hydrochloric acid, oleum perchloric acid, phosphorus pentachloride, potassium hydroxide, and sodium hydroxide.
- Reactive - Organic peroxides, hypochlorite, per chlorates, magnesium alloys, matches, celluloid, calcium carbide, ammonium nitrate, lead nitrate, methyl ethyl ketone peroxides (MEKP) acetyl chloride, chromic acids, cyanides, permanganates, and sulfides.
- Toxic Materials - Examples of toxic materials include materials/wastes, which contain heavy metal/inorganic such as dusts solution, wastewater treatment sludges, paint wastes, or waste inks. Examples of toxic heavy metals and inorganic include arsenic, barium cadmium chromium, lead, mercury, selenium, and silver.
- Explosives in Division 1/3 - Signal cartridges and empty combustible cases without primer.
- Compressed gases or liquids - Oxygen, acetylene, argon, helium, carbon dioxide, propane, nitrogen and saline.
- Poisons in Division 2.3 - Poisonous gases such as chlorine gas, arsine, phosgene, and cyanogens.
- Poisons in Division 6.1 - Poisonous solids/liquids such as arsenic compounds, phenol pesticides (e.g. cabamates, copper-based organochlorine, organophosphorus, organotin, phenyl urea, phenoxy, etc.). Tree or weed killing compound, cyanides, disinfectants, dyes, isocyanates, medicines, mercury compound, motor-fuel anti-knock mixtures, etc....
- Explosive in Division 1.1 - Explosive articles, pyrotechnic articles, black powder, and nitroglycerin.
- Explosive in Division 1.2 - Cartridges for weapons, propelling charges for cannons and propelling charges for rocket motors.
- Acutely Hazardous Materials/Extremely Hazardous Wastes - Anhydrous ammonia, sulfuric acid, nitric acid, hydrogen chloride (gas), hydrogen fluoride, phosphoric acid, formaldehyde, PCBs and toluene diisocyanate.
- Radioactive Materials - Radioactive sources such as Strontium 90, Cesium 137, Cobalt 60, Carbon 14, Iodine 131, and Americium 244.
- Universal wastes that include fluorescent lights, HID lamps, mercury thermometers, mercury thermostats, non-empty aerosol cans, computer & television monitors (greater than 4 inches in diameter), and non-automotive batteries.
- Other hazardous materials to be used or stored at my place business: _____

If you use or store any of the listed hazardous materials at your place of business, you may need a permit from the:

San Bernardino County Fire Department
Hazardous Materials Division
620 South "E" Street
San Bernardino, Ca 92415-0153
Phone (909) 386-8401
Fax: (909) 386-8460

All businesses are required to complete the registration process through San Bernardino County Fire Department go to www.cers.calepa.ca.gov.

Provide registration clearance to the City.



CITY OF HIGHLAND BUILDING & SAFETY DIVISION

27215 Baseline St., Highland Ca, 92346
Permit Counter: (909) 864-8732 X 232 | Inspection Request Line 909-864-8732 X 228

Commercial Floor Plan

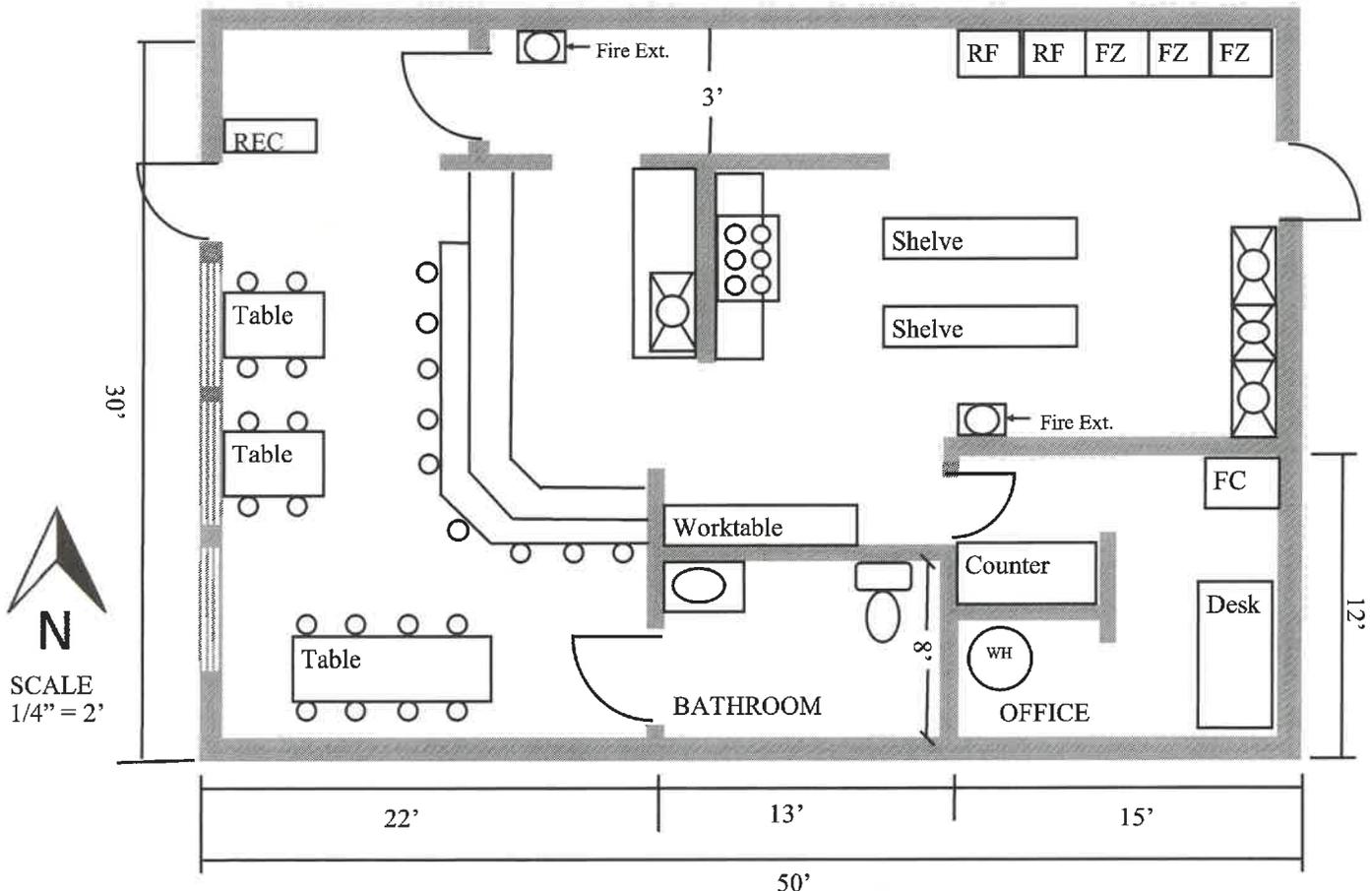
Please use a separate sheet of paper for each plan

1. Plans should accurately depict the building layout.
 - Show all tables, desks, windows, entrances & exits, restrooms, hallways, storage areas, and location of any fire extinguisher(s).
2. Plans should be legible and to some discernable scale.
3. Provide the square feet of the building or tenant space.
4. Include all dimensions, show all rooms and identify their use and size.
5. Include owners name and contact information, Suite, address or assessors parcel number, name and type of business
6. Submit 3 copies of the plans to the city

Note: Poorly drawn plans could cause delays and may be rejected.

Please contact Building and Safety staff should you have any questions. 909-864-8732

- Please note this is only an EXAMPLE -



Owners Name Telephone Number Email	GENERAL RESTAURANT Address: 1234 Main St. Suite 12	Date: 04/1/2021 Scale: 1/4" = 2'
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CITY OF HIGHLAND BUILDING & SAFETY DIVISION

27215 Baseline St., Highland Ca, 92346

Permit Counter: (909) 864-8732 X 232 | Inspection Request Line 909-864-8732 X 228

Commercial Site Plan

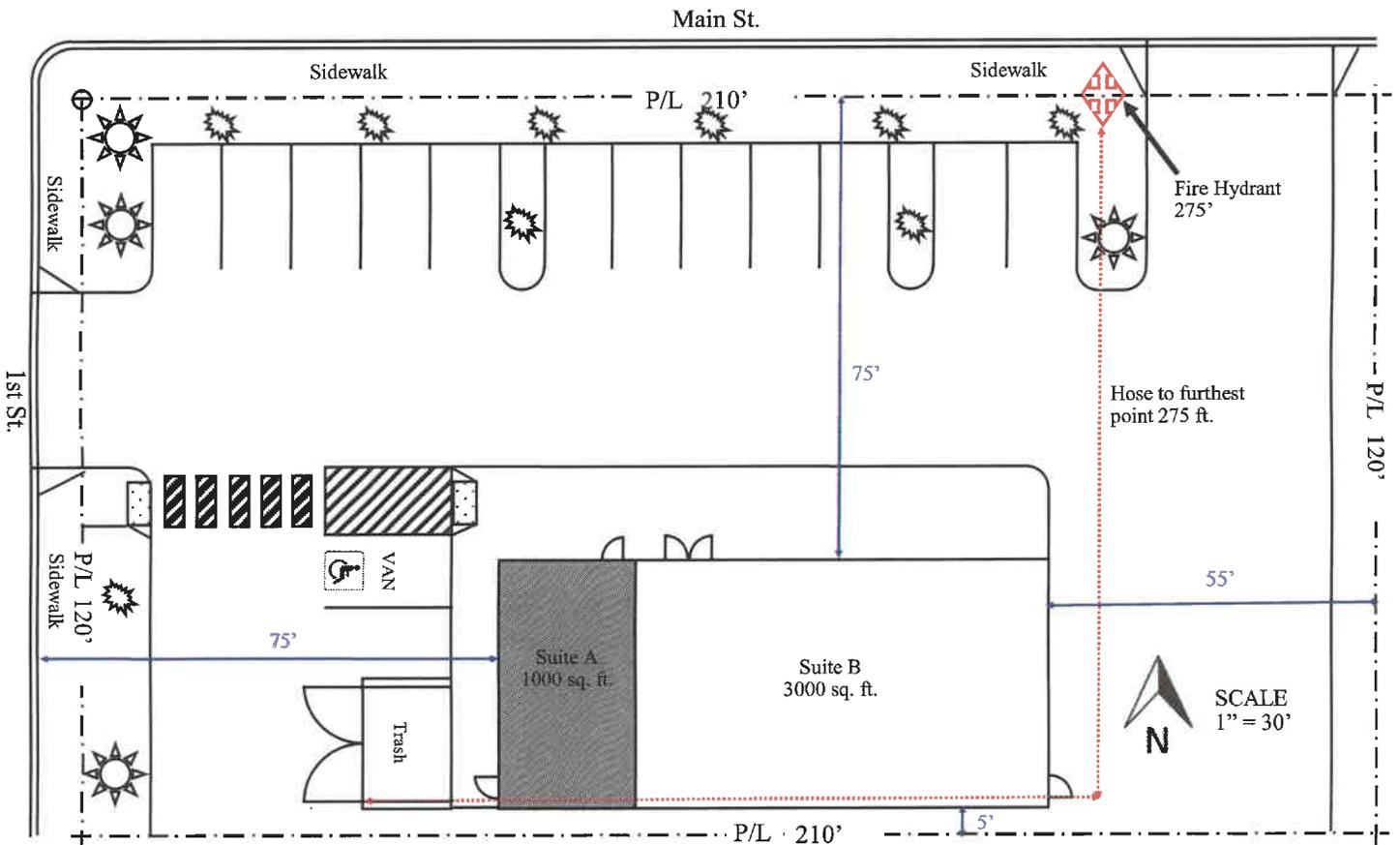
Please use a separate sheet of paper for each plan

1. Plans should accurately depict the building or unit within the site. Please show any detached storage structures or other buildings on the property, indicate the location of streets, driveways, alley ways, parking areas, landscaped areas, fences, etc.
2. Plans should be legible and to some discernable scale with a north facing arrow.
3. Provide the square feet of the building or tenant space and Unit number if applicable
4. Include owners name and phone number, address or assessors parcel number, name and type of business
6. Submit 3 copies of the plans to the city

Note: Poorly drawn plans could cause delays and may be rejected.

Please contact Building and Safety staff should you have any questions. 909-864-8732

- Please note this is only an EXAMPLE -



Owners Name Telephone Number Email	General Store Address: 1234 Main St. Suite A	Date: 04/1/2021 Scale: 1" = 30'
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CITY OF HIGHLAND
SB 205 Business Licenses Stormwater Discharge Compliance Form

California Senate Bill No. 205 (SB 205) approved in October 2019 mandates “regulated” industrial facilities demonstrate enrollment under the State Water Resources Control Board’s (SWRCB) Industrial General Permit (IGP) **prior to being issued** a new or renewed business license. To meet the requirements of SB 205, businesses applying for a business license within the City of Highland (City) must **complete** and **submit** the questionnaire below. Please note industrial businesses are primarily regulated based on their Standard Industrial Classification Code (SIC Code) defined in Attachment A of the IGP. Additional information is included in the California Industrial Activities Storm Water General Permit Fact Sheet.

Questionnaire

Business Name: _____

Business Address: _____

Provide a Brief Description of Business Activities: _____

Provide required primary SIC Code(s): _____

	YES	NO
Does your Primary SIC Code(s) match any of the regulated SIC Codes defined in Attachment A of the IGP (excluding Transportation Facilities)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your facility a Transportation Facility (SIC Codes 40XX-45XX except 4221-25 and 5171) AND do you have a vehicle maintenance shop or cleaning operations?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility subject to storm water Effluent Limitations Guidelines, New Source Performance Standards, or Toxic Pollutant Effluent Standards Found in 40 Code of Federal Regulations, Chapter I, Subchapter N?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility treat, store, or dispose of hazardous waste operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act (RCRA)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility generate steam for electric power through the combustion of coal, oil, wood, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility a sewage or wastewater treatment works with a design flow of one million gallons per day or more or require an approved pretreatment program?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any of the questions above, your facility requires coverage under the IGP and you must provide one of the applicable numbers below.

WDID Number: _____ NEC: _____

WDID Application Number: _____ NONA: _____

Declaration

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name _____ Title, Phone Number _____

Signature _____ Date _____

ATTACHMENT A

FACILITIES COVERED BY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES (GENERAL PERMIT)

1. Facilities Subject To Storm Water Effluent Limitations Guidelines, New Source Performance Standards, or Toxic Pollutant Effluent Standards Found in 40 Code of Federal Regulations, Chapter I, Subchapter N (Subchapter N):

Cement Manufacturing (40 C.F.R. Part 411); Feedlots (40 C.F.R. Part 412); Fertilizer Manufacturing (40 C.F.R. Part 418); Petroleum Refining (40 C.F.R. Part 419), Phosphate Manufacturing (40 C.F.R. Part 422), Steam Electric (40 C.F.R. Part 423), Coal Mining (40 C.F.R. Part 434), Mineral Mining and Processing (40 C.F.R. Part 436), Ore Mining and Dressing (40 C.F.R. Part 440), Asphalt Emulsion (40 C.F.R. Part 443), Landfills (40 C.F.R. Part 445), and Airport Deicing (40 C.F.R. Part 449).
2. Manufacturing Facilities:

Facilities with Standard Industrial Classifications (SICs) 20XX through 39XX, 4221 through 4225. (This category combines categories 2 and 10 of the previous general permit.)
3. Oil and Gas/Mining Facilities:

Facilities classified as SICs 10XX through 14XX, including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 Code of Federal Regulations. 434.11(1) because the performance bond issued to the facility by the appropriate Surface Mining Control and Reclamation Acts authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge storm water contaminated by contact with or that has come into contact with any overburden, raw material, intermediate products, finished products, by-products, or waste products located on the site of such operations. Inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator. Inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined material; or sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim.
4. Hazardous Waste Treatment, Storage, or Disposal Facilities:

Hazardous waste treatment, storage, or disposal facilities, including any facility operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act.
5. Landfills, Land Application Sites, and Open Dumps:

Landfills, land application sites, and open dumps that receive or have received industrial waste from any facility within any other category of this Attachment; including facilities subject to regulation under Subtitle D of the Federal Resource, Conservation, and Recovery Act, and facilities that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance).
6. Recycling Facilities:

Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093.
7. Steam Electric Power Generating Facilities:

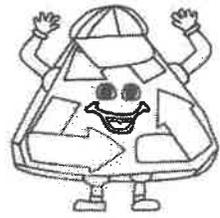
Any facility that generates steam for electric power through the combustion of coal, oil, wood, etc.
8. Transportation Facilities:

Facilities with SICs 40XX through 45XX (except 4221-25) and 5171 with vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified under this Permit as associated with industrial activity.
9. Sewage or Wastewater Treatment Works:

Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge, that are located within the confines of the facility, with a design flow of one million gallons per day or more, or required to have an approved pretreatment program under 40 Code of Federal Regulations part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.



City of Highland
Commercial Solid Waste/
Recycling Management Plan
Public Services Division



COMPLETE THIS FORM PRIOR TO OCCUPANCY

Business Name: _____

Business Address: _____

Business Phone: _____

SIC Code # _____ **SIC Code Group Name:** _____

Primary Contact Name: _____

Primary Contact Number: _____

Property Management Group Name (if applicable): _____

Property Management Group Phone Number (if applicable): _____

Please Contact Hauler To Set Up Services:

Burrtec Waste Industries Inc. (909) 889-1969

Size and Quantity of Solid Waste Container(s) Proposed for Use:

Size and Quantity of Recycling Container(s) Proposed for Use:

Size and Quantity of Organics/Food Waste Container(s) Proposed for Use:

Frequency of Pick Up: _____

Primary Waste(s) Generated:

Other Waste(s) Generated:

List all material(s) that will be recycled on-site (check all that apply):

paper cardboard plastic food
 wood pallets glass aluminum cans greenwaste

Who will be responsible for collection and proper disposal of recyclable materials?

Note: Prior to submitting this form, please arrange disposal services with hauler.

*******Office Use Only*******

Confirmation of Hauler and Services Provided By: _____

Staff Approval Granted By: _____

Date: _____