



Community Development Department
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CITY USE ONLY			
Building Approval:			
Planning Approval:			
OCC Group:		OCC Load:	

NOTICE OF INTENT / CERTIFICATE OF OCCUPANCY

This information is necessary for the review and issuance of a Certificate of Occupancy when starting a new business, moving a business, or changing ownership of an existing business.

BUSINESS TYPE*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Automobile (various uses) | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Education (various types) | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Fitness/Health Club | <input type="checkbox"/> General Office | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Fuel Sales | <input type="checkbox"/> Entertainment Center | <input type="checkbox"/> Warehouse/Distribution |
| <input type="checkbox"/> Other: | | | |

*See [CHMC Appendix A](#) for a full list of all land uses. If you do not see your business type listed, please check "Other" and enter business type.

PROPOSED BUSINESS INFORMATION

Business Name (dba): _____

Detailed Description of Operations: _____

Total Number of Employees: _____ Total Per Shift: _____

Days & Hours of Operation*: _____

*If operating 24 hours or between the hours of 2 a.m. and 4 a.m. a Minor Use Permit may be required.

LOCATION INFORMATION

Location Address: _____ Suite #: _____

Center Name: _____

Previous Tenant (if known): _____

Total Square Feet of Space: _____

Property Owner Name (not business owner): _____

Address: _____

Phone: _____ Email: _____

Management Company:
 (If different than property owner) _____

Address: _____

Phone: _____ Email: _____

BUSINESS OWNER(S) INFORMATION (Attach additional sheet if necessary)

Owner Name: _____ Phone: _____
Address: _____ Email: _____

Owner Name: _____ Phone: _____
Address: _____ Email: _____

QUESTIONNAIRE:

1) Is the business being relocated from another location in Chino Hills? Yes* No

IF YES*: Previous Address: _____

** A new Business License and Certificate of Occupancy is required.*

2) Is proposed business expanding into another suite? Yes* No

IF YES*: List ALL suite numbers business will occupy? _____

** A new Certificate of Occupancy is required.*

3) Is this the only business within the suite/lease area? Yes No*

IF NO*: Provide name(s) of ALL businesses located within this lease area/suite:

** Each business is required to obtain a Certificate of Occupancy and Business License.*

4) Will food be available/served on-site? Yes No

IF YES: Describe method(s) of food preparation (i.e., fry, bake, grill, pre-packaged, etc.)

5) How will food be served: (check all that apply): Dine-in Take-out Drive Thru* N/A

** Drive Thru establishments require a Conditional Use Permit is obtained prior to Business License issuance.*

6) Will alcohol be sold? Yes No

IF YES: Type (check all that apply)? Beer Wine Liquor

Area of Consumption (check all that apply): On-Premises Off-Premises

7) Will alcohol (beer, wine, liquor) be produced on-site? Yes No

8) Will entry to the business be restricted to persons 21 years of age and over? Yes* No

** A Conditional Use Permit is required for age restricted establishments. Approval is required prior to Business License issuance.*

9) Will there be live entertainment? Yes* No

** A Minor Use Permit may be required.*

CONTINUED ON NEXT PAGE

10) Will massage services be provided? Yes No

IF YES: Type (check all that apply)? Full Body* Face Foot

Who will perform the massage services (Check all that apply)?

IF FULL BODY*: (Provide proof of licensure or certification for ALL persons performing massage services)

Licensed Physician

Licensed Acupuncturist

Licensed Chiropractor

Registered Nurse

Licensed Physical Therapist

Certified Massage Technician

* Full Body Massage requires a Conditional Use Permit if the services are not solely provided by one of the licensed medical professionals listed who owns at least 5% of the business. ([CHMC 5.24 Massage](#))

11) Is this a medical use? Yes No

IF YES: Provide exact description and type of service(s) provided: _____

Will X-Ray/MRI/CT equipment be used?

Yes

No

Will patients be, at any time, incapable of unassisted self-preservation?

Yes

No

Will patients have mobility impairments?

Yes

No

12) Will the business involve the sale of ...

Vehicles (Auto/RV/Motorcycle, etc)? Yes No

Tobacco? Yes No

Adult Oriented Products? Yes* No

Firearms/Ammunition? Yes No

* A Conditional Use Permit is required.

13) Will the business involve the mechanical repair/service of vehicles?

Yes

No

14) Will the business involve body repair or painting of vehicles?

Yes

No

15) Will the operation of the business produce any of the following:

Noxious Odors Yes No

Gas(es) Yes No

Noise audible outside the lease space Yes No

A Certificate of Occupancy will be required before you can occupy your business space and open for business. Your Certificate of Occupancy must be approved by both the Planning and the Building and Safety Divisions. If you are the first occupant in a new building, utilities will not be released until a Certificate of Occupancy is issued. In addition, you will need to obtain a Certificate of Occupancy prior to applying for a Business License.

NOTE: Depending on the type of business proposed the Community Development Department may be required to refer an applicant to other agencies for approval prior to issuance of a Certificate of Occupancy. Upon receipt of the above the Building Division will schedule an inspector to visit the site and review your application. When all agency approvals are received a Certificate of Occupancy will be issued.

CONTINUED ON NEXT PAGE

CERTIFICATION

By signing below, I certify under the penalty of perjury:

- 1) The business will only provide the functions/services described here-in and attached here-to, and that the operation of the business will not violate any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law.
- 2) That, if at any time, the business operates outside of the described functions/services, or violates any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law, the City may require the business to cease operation until such time that any violation has been addressed to the satisfaction of the City, State, and/or Federal Government.

Signature

Print Name

Date

SUBMITTAL REQUIREMENTS: All of the documents below are required at time of submittal

One (1) Copy - Notice of Intent Application

One (1) Copy - [Business Plan](#) or Statement of Operations.

Plan must include, at minimum,

- List of **all** functions/services being offered/performed **and** the level of staff assigned to perform them;
- Description of any/all merchandise for sale; and
- Method(s) of customer contact (i.e.: in-person, online, phone, etc.).

One (1) Copy - Completed [Business License Application](#)

One (1) Copy - Site Plan showing location of proposed business within shopping center

One (1) Copy - Floor Plan of Lease Area

Plans must be to a standardized scale (1/8-inch per foot recommended) and include all walls, partitions, counters, shelves, displays, equipment etc. Indicate height of all shelving. Show all door locations, width and direction of swing, Show restroom facilities and all fixtures within. Show/indicate the height of all components that must meet accessibility requirements (i.e. fixed customer service counters, dining/bar counters, plumbing fixtures). If alterations, changes or construction is planned, tenant improvement plans must be submitted to Building & Safety and Fire department for plan check.

CITY PLANNING DIVISION USE ONLY	
Use Authorization:	
<input type="checkbox"/> Permitted by Right	<input type="checkbox"/> Minor/Conditional/Temporary Use Permit Required
<input type="checkbox"/> Proposed Use Compatibility Determination Needed	<input type="checkbox"/> Proposed Use prohibited in Zoning District
Appendix A Land Use Category:	
Zoning District:	
Comments:	
Reviewed by:	Date: