



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 (909) 364-2740 Fax (909) 364-2795
 www.chinohills.org

TENANT IMPROVEMENT APPLICATION & CHECKLIST

This application is required to verify compliance of design standards and conditions of approval for approved projects.

Application Date: _____ Square Footage of Tenant Space: _____

PROJECT INFORMATION

Tenant Name: _____

Tenant Address (Include Suite #): _____

Project Owner: _____ Phone Number: _____

Project Owner's Address: _____

Scope of Work: _____

APPLICANT INFORMATION

Name: _____ Phone Number: _____ Email: _____

Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____

License Number: _____ Phone Number: _____

Scope of work: _____

I hereby certify that I have provided the required submittal documents and understand the following requirements:

Signature

Print Name

Date

SUBMITTAL REQUIREMENTS

- Application fee
- Two (2) complete sets of plans wet stamped and signed with attachments
- One (1) digital PDF copy of plans, **once approved** uploaded to this link:
<https://owncloud.chinohills.org/index.php/s/plnSCAnUfGliYm0>
- All proposed roof mounted equipment requires structural calculations that show the existing roof framing system is capable of supporting additional load(s) and must be architecturally screened.
- All proposed roof mounted equipment must show a cross-section of how equipment will be architecturally screened from any public street or parking lot.
 - If roof mounted equipment is proposed, provide elevations/cross sections and include the type of screening material.
 - If proposing to change the color/materials on any elevation, provide colored elevations and list of materials.

- Plans need to be prepared to a standard scale
- Site plan that shows all property lines, impervious surfaces, structures, parking, and is drawn to scale
- Floor Plan
- Interior partition bracing detail
- Framing sections
- Energy Analysis – Compliance method and load calculations
- Mechanical Plans
- Plumbing Plans (when adding additional plumbing fixtures, impact fees may be incurred)
- Electrical Plans
- North Arrow
- Provide and label suite dimensions
- Clearly show existing vs. proposed:
 - Walls / Partitions
 - HVAC Equipment
 - Plumbing Fixtures
- Notice of Intent (See Attached)
- Chino Valley Independent Fire District Permit or proof of no review required (909) 902-5280
- Environmental Health (909) 884-4056

Clearances are required from the following agencies prior to permit issuance:

- Chino Valley Independent Fire District (909) 902-5280
- Environmental Health (909) 884-4056
- If your tenant space is located within The Shoppes at Chino Hills, applicant must first receive approval from The Shoppes management. Please contact Bubba Rhodes for more information at (909) 334-1386 ext.11.

Permits are required for the following:

- Moveable cases more than 6' in height
- Shelving units/gondolas more than 6' in height
- For additions of walls
- Removal of bearing walls or non-bearing demising walls between two or more spaces
- Changes made to the electrical, plumbing or mechanical systems
- Counters

Permits are not required for the following:

- Moveable cases less than 6' in height
- Shelving units/gondolas less than 6' in height
- Partitions under 5'9"

Fees may be assessed by other agencies such as:

Inland Empire Utility Agency	(909) 993-1600
Chino Valley Unified School District	(909) 628-1201



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 P: (909) 364-2740
 E: communitydevelopment@chinohills.org

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

