



# Instructions for Business Occupancy Permit (BOP)

CITY OF COLTON - Development Services Department

**PHASE 1: Zoning Clearance/Building Review.** Contact the planner on duty (“POD”) in person, email: [planning@coltonca.gov](mailto:planning@coltonca.gov), or phone (909) 370-5079, to discuss your proposal. If the use may be allowed, discuss the submittal requirements for the BOP. Submit the BOP application at the Development Services Department Permits Counter open Monday through Thursday 7:30 am to 5:00 pm for Zoning/Building clearance (no fee charged at this step). **Please confirm whether the electrical utilities, if any, are on at the location.** All proposals that require 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/building review, pay the fee of \$578 for inspections and obtain your BOP Number. The applicant may contact Customer Services (Utilities) at City Hall to request a temporary (30 day) service connection.

When the space is set up, but prior to opening for business, please email the following address to be placed on the inspection schedule: [bop@coltonca.gov](mailto:bop@coltonca.gov). Please include the BOP Number and Address in your email. To schedule an inspection on a Thursday, please submit your request no later than Wednesday, 5:00 pm. In the email please include address and BOP number in the subject line – indicate first inspection and if re-inspection indicate which department you would like to call out for an inspection. A re-inspection to address a correction or other may be worked out on any workday with the respective Department/Division of the City. Thank you.

**Scheduling.** Inspections are scheduled each Thursday, 2:00 to 4:00 p.m.

**Day of Inspection.** The applicant and/or property owner representative must be present onsite during the inspection window. The site must pass all inspections and obtain a business license within 30 days, or the BOP application expires and the utilities may be shut off.

**Extension of BOP Request.** Applicant may request up to 30-day extension of BOP with payment of \$578.00 extension fee. To check the status of the BOP, you may email us at [bop@coltonca.gov](mailto:bop@coltonca.gov) or call the Development Services Department general line: (909) 370-5079 (BOP Number must be provided).

| Department/Division   | Typical Items Inspected  |
|---|--|
| <b>CODE COMPLIANCE</b><br>Information:<br>(909) 370-5114  | <ul style="list-style-type: none"> <li>• General Site Improvements</li> <li>• Exterior Painting (if needed)</li> <li>• Illegal Signage</li> <li>• Address on building/site &amp; provision of 2-3 after hours emergency contacts</li> <li>• Compliance with all certifications, registrations, or licenses as required by law.</li> <li>• Electric gates (E-key system and Knox emergency access device).</li> <li>• Exterior lighting and security devices are operating and maintained.</li> <li>• Trash enclosure</li> <li>• Parking, striping, wheel stops</li> <li>• Landscaping (if needed)</li> </ul> |
| <b>ENVIRONMENTAL COMPLIANCE</b> (909) 370-6128  | <ul style="list-style-type: none"> <li>• Water Pre-Treatment (if applicable) Gary Ethridge: Gethridge@coltonca.gov</li> </ul>  |
| <b>WATER</b><br>(909) 370-6164 John Ahearn  | <ul style="list-style-type: none"> <li>• Backflow Device inspections, if applicable, are scheduled separately by appointment: Public Works Department Number: 909-370-5065</li> </ul>  |
| <b>PLANNING</b><br>Information: (909) 370-5079<br>Or <a href="mailto:planning@coltonca.gov">planning@coltonca.gov</a> | Compliance with Zoning Code, including parking, path of travel (exterior), signage, and compliance with conditions of approval.  |

| Department/Division  | Typical Items Inspected  |
|--|--|
| <b>FIRE DEPARTMENT</b><br><br>Ray Bruno, Fire Marshal<br>Information: (909) 370-5553 | The Fire and Life Safety Inspection is based on the occupant's use of the building/space. <u>Please be completely "set -up" prior to the inspection.</u> Common inspection items may include but not be limited to: <ul style="list-style-type: none"> <li>• Address on the front and the rear of the occupancy.</li> <li>• Portable Fire extinguishers – Annual Service.</li> <li>• All Fire Code / Life Safety Code compliance issues based the type of use/occupancy</li> </ul>   |
| <b>BUILDING DIVISION</b><br>Information: (909) 370-5079<br>Or building@coltonca.gov  | <ul style="list-style-type: none"> <li>• Electrical outlets, switches and lighting covers are in place and in good condition.</li> <li>• Circuit breakers are labeled and rated correctly.</li> <li>• Maintain mechanical heating vents and combustion air criteria.</li> <li>• All Building Code violations are corrected/repaired.</li> <li>• Any improvements completed without a building permit.</li> <li>• Consult the Building Official for disabled access requirements, including path of travel (interior)</li> <li>• Applying for a BOP does not permit you to perform construction or make any tenant improvements.</li> <li>• Inquire about your proposed usage, as some restrictions may be applicable when locating adjacent to an existing, more restrictive occupancy.</li> </ul> |

**PHASE 2: Business License Application.** After all BOP inspections are passed and the BOP is "approved", please submit a Business License Application form, with fee (which is separate from the BOP fee), at the Development Services Department, Business License Division at (909) 370-5079 so that the "BOP" is issued. Please note that if an existing business is being taken over, a new business license cannot be obtained until the previous owner has closed their license.

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Down to the  
Application on Page 4  
of this Public Handout





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CITY OF COLTON - Development Services Department

## Business Occupancy Permit (BOP) Flowchart

- Two Phase Process – **PHASE 1** is BOP and **PHASE 2** is Business License Application
- Submit BOP Application Forms
- ✓ Planner & Building Staff review
- ✓ Plot Plan and Floor Plan
- ✓ Operation Statement
- ✓ Additional items may be requested by Planner, if applicable.
- ✓ If T.I. Plan/Permits required (as determined by Building Official), then submit BOP after T.I. Permit.

### Phase I – BOP Process

#### Planner Review:

Front counter review of Zone Requirements

#### Building Review:

Tenant Improvements and Occupancy Code requirements

Yes

#### If permitted, then:

- ✓ BOP Application Forms accepted by City
- ☐ Fee Paid - \$578.00 for inspections
- ✓ BOP Permit Issued

No

#### Business Owner next steps:

- ✓ Take BOP Permit to customer service window at City Hall to establish utility account & connections.
  - ✓ Prepare business for inspections
- Email [bop@coltonca.gov](mailto:bop@coltonca.gov) for Inspections by 5:00 pm each Wednesday for Thursday Inspection

If not permitted, then Planner to provide alternatives, or the proposed use may be prohibited in the City.

**Building Code Compliance,** tenant improvement or other requirements provided by Building Staff.

#### Inspections by City

- ✓ If corrections, complete work and re-call for inspection
- ✓ Obtain final approvals
- ✓ Prepare Application for

#### PHASE 2 – Business License





# Business Occupancy Permit (BOP) Application Form

Page 1 of 3

DO NOT WRITE HERE - FOR OFFICE USE ONLY

Power is on  off  since date: \_\_\_\_\_ Confirm with CustSvs

Accepted by Staff: \_\_\_\_\_ Date: \_\_\_\_\_

APN: \_\_\_\_\_ Zone: \_\_\_\_\_ CMC: \_\_\_\_\_

Alteration/Conversion/Occupancy:  Yes  No

Building Division Consultation: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_

Zoning Approval - Staff: \_\_\_\_\_ Date: \_\_\_\_\_

BOP#: \_\_\_\_\_

Notes: \_\_\_\_\_

Business Company Name (dba)

Business Owner Name /Applicant name

Property Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Existing (Previous) Business/Use at Site

Is Electric Power off:

Not sure  No  Yes: since date (if known): \_\_\_\_\_

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:**

- Plot 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.
- Photographs.
- Other \_\_\_\_\_

**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

Print Name

Title (if company)

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

Company Name

(\_\_\_\_\_) \_\_\_\_\_ FAX  
Number

Mailing Address

City, State

Zip Code

E-mail Address



# Business Occupancy Permit (BOP) Application Form

Page 2 of 3

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?

- Alcohol, including beer & wine
- Sale or storage of used or recycled items
- Food preparation or handling
- Entertainment activities
- Massage
- Fleet or delivery vehicle(s)
- Training/school activities
- Outdoor storage or physical changes
- Any activities outdoors

### HAZARDOUS WASTE QUESTIONNAIRE

A building permit or 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. All applicants of non-residential building permits and/or business occupancy permits shall be required to complete this form as part of the application requirements (tenant improvements included.)

\_\_\_\_\_ 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).

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.

A final Business Occupancy Permit will include DEHS 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 (if company)

( )

Phone Number

Company Name

( )

FAX Number

Mailing Address

City, State

Zip Code

E-mail Address

*City of Colton Development Services Department, 659 N. La Cadena Drive (at the Civic Center Annex across from City Hall), Colton, CA 92324, (909) 370-5079; Open: 7:30 a.m. to 5:00 p.m., Monday through Thursday*



# Business Occupancy Permit (BOP) Application Form

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## Environmental Compliance Division Pretreatment Program Plan Submittal Survey Form

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Owners Name: \_\_\_\_\_  
 Property Owners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_

### DESCRIPTION OF INDUSTRIAL PROCESS ACTIVITIES

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

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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.: \_\_\_\_\_

Check the appropriate answer:

|     |    |  |                           |                                |
|-----|----|--|---------------------------|--------------------------------|
| Yes | No | Will Water be discharged to the sewer from sources other than restrooms, hand sinks, air-handling equipment or condensate sinks? |                           |                                |
|     |    | 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?  |                           |                                |
|     |    | Will this facility operate one or more of the following processes? If yes, please indicate each that is appropriate:             |                           |                                |
|     |    | ___ 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  | ___ Process Wastewater         |

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.

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 Waste Water Dept., City of Colton – "Pretreatment Program," 160 S. 10<sup>th</sup> St., Colton, CA 92324