



City of Brea
 Building & Safety
 1 Civic Center Circle
 Brea, California 92821-5732
 714-671-4406
 building@cityofbrea.net

CERTIFICATE OF OCCUPANCY Classification Form

C of O app # _____ Submittal Date _____

The completeness of the information provided below will directly influence the time necessary to process this application. A **processing fee of \$279 (new business) or \$112 (ownership/name change)** must be paid at the time of submittal. Please submit completed application to building@cityofbrea.net.

I. Business Information

Business Name _____
 Business Address _____
 Unit No. _____
 Telephone No. _____
 City Business License No. _____

II. Business Owner Information

Business Owner's Name _____
 Telephone No. _____
 Address _____
 Email _____

III. Owners Information (for building or property)

Owner's Name _____
 Telephone No. _____
 Owners Address _____

IV. Type of Certificate Application

<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> New Business
<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Change of Location
<i>Copy of Original Certificate of Occupancy Required</i>	
<input type="checkbox"/> Expansion of Floor Area	
Building Permit #: Floor Plan Required	

V. Use and Occupancy Information:

Existing Use	Sq.ft.	Proposed Use	Sq.ft.
Existing Area		Proposed Area	
No. of Parking Stalls		No. stories of bldg.	
No. of Employees			

VI. Is the Building Protected with an Automatic Sprinkler System:

Yes No

VII. Is the business a food facility:

Yes No

Is any food prepared by deep frying, grilling or on a griddle:

Yes No

If yes, please fill out Fats, Oils, and Grease form.

VIII. General Business Description:

IX. Materials Description: (to be completed for any warehouse, industrial, or storage facility)

X. Use Description

Storage Area	Sq.ft.	_____
Office Area	Sq.ft.	_____
Retail Area	Sq.ft.	_____
Dining Area	Sq.ft.	_____

XI. Business Activity Information

Please complete all sections of this application. This information is necessary to properly classify your facility. Partial or incorrect information could result in an incorrect classification and could impact your business while code compliance issues are resolved.

Yes No

Are you a CUPA registered business

Do you share this address with another business?

Name of other business: _____

MATERIALS

	Yes*	No	Use	Handle	Store	Quantity
Flammable gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flammable solid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explosive materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Combustible liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Corrosive chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cryogenic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead acid batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ACTIVITIES

	Yes*	No	Describe Materials & Activities
Metal plating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Welding/cutting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vehicle repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spray finishing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dust generation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Commercial oven	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry cleaning	<input type="checkbox"/>	<input type="checkbox"/>	_____

USES

	Yes*	No	Describe Uses
Public assembly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Educational	<input type="checkbox"/>	<input type="checkbox"/>	_____
High pile combustibile stock	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor storage	<input type="checkbox"/>	<input type="checkbox"/>	_____

**All "Yes" responses require completing the information to the right of the yes box and providing detailed information in the corresponding section on the front.*

The applicant must contact the Administrative Services Department to obtain a business license, which is required prior to occupying this location.

By signing here I acknowledge that my business is legally permitted under Local, State and Federal laws.

Signature

Date

Business Title

City Use Only

Staff Member	Approval Date	Denial Date
1. Planning _____	_____	_____
Comment/ Conditions _____		

<input type="checkbox"/> Plan check submittal required		
2. Building _____	_____	_____
Comment/ Conditions _____		

<input type="checkbox"/> Plan check submittal required		
3. Fire _____	_____	_____
Comment/ Conditions _____		

<input type="checkbox"/> Plan check submittal required		

Occupancy Classifications:

Major _____ Minor _____ Occ Load _____

Commercial Industrial Restaurant Office

Other _____