



City of Brea  
 Building & Safety  
 1 Civic Center Circle Brea, California  
 92821-5732 (714) 671-4406

# CERTIFICATE OF OCCUPANCY Classification Form

The completeness of the information provided below will directly influence the time necessary to process this application. **Processing fees: \$313 (new business) or \$125 (ownership/name change).** This will be collected once the application is processed. Please email the completed application to [building@cityofbrea.gov](mailto:building@cityofbrea.gov)

## 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"/> New Business	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Expansion of Floor Area	
<b>Building Permit #</b> <b><u>Floor Plan Required</u></b> <i>(Details showing the layout of the space that will be occupied and fully dimensioned)</i>	<b><u>Floor Plan Required</u></b> <i>(Details showing the layout of the space that will be occupied and fully dimensioned)</i>

## 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

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 Business \_\_\_\_\_

**The applicant must contact the HDL to obtain a business license, which is required prior to occupying this location.**

**Phone: (714) 886-6314 or [brea.hdlgov.com](http://brea.hdlgov.com)**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Title

### 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"/>	_____

### Materials

	*Yes	No	Use	Handle	Store	Quantity
Flammable Gas	<input type="checkbox"/>	_____				
Flammable Liquid	<input type="checkbox"/>	_____				
Flammable Solid	<input type="checkbox"/>	_____				
Explosive Materials	<input type="checkbox"/>	_____				
Combustible Liquid	<input type="checkbox"/>	_____				
Medical Gas	<input type="checkbox"/>	_____				
Corrosive Chemicals	<input type="checkbox"/>	_____				
Hazardous Chemicals	<input type="checkbox"/>	_____				
Cryogenic Materials	<input type="checkbox"/>	_____				
Plastics	<input type="checkbox"/>	_____				
Lead Acid Batteries	<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 Combustible 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.*