



City of Hesperia  
BUILDING AND SAFETY DIVISION

## Required Submittals and Approvals for Tenant Improvements

### A. General Requirements

- Commercial improvements require approved plans and a permit **prior** to starting the work.
- Complete sets of plans shall be submitted for review and approved prior to permit issuance. Plans shall be clear, legible, and of sufficient size (suggested size, 24 in x 36 in., suggested scale, 1/4 in. = 1 ft.).
- Plans are to be professionally prepared by an Architect, Engineer or Building Designer. Plans are to be drawn in ink and signed by the person who prepared them (digital stamps and signatures are allowed).
- Plans shall comply with the current code requirements per the California Building Codes.
- Food Service type businesses need one set of approved EHS plans for submittal.

### B. Plans – (3-5 Sets of Plans)

#### 1. Specific Requirements

- Plot Plan
  - Check with Planning staff for the type of plot plan needed for your project. Major on-site changes or changes in use may require the submittal of a formal Site Plan. Minor changes may only need a plot plan.
  - Plan to include: lot dimensions, size and location of all structures with respect to property lines and each other; identification of the tenant uses in units adjacent to the subject unit(s); locations of gas, water, sewer, and electrical lines, vaults and equipment, septic system components (if any); fire hydrants; parking spaces, driveways and accessibility features.
- Complete Architectural Plans:
  - Floor Plans
  - Architectural Details
  - Building Sections (as needed)
  - Roof Plan (as needed)
  - Exterior Elevations (as needed)
  - Accessible Compliance (Parking, Path of Travel, Signage etc...)
  - Interior Elevations (as needed)
  - Finish Schedules (as needed)
- Complete Structural Plans (as needed):
  - Foundation Plans
  - Roof Framing Plans
  - Structural Calculations
  - Framing Plans
  - Structural Details
- Electrical Plans:
  - Lighting & Power Plans
  - Single or Three Line Wire Diagram
  - Panel Schedules
  - Load Calculation (as needed)
- Mechanical Plans: (as needed)

- Schematic of the duct layout, to include trunk lines, branch lines and registers with sizes.
- Provide manufactures specs on all equipment being used.
- Locations of all equipment.
- **Plumbing Plans:** (as needed)
  - Dimensioned isometric drawing showing supply lines, pipe sizes, and piping materials.
  - Dimensioned isometric drawing showing, drain, waste, and venting (DWV), traps, pipe sizes, cleanouts, piping materials and location of public or private sewer system.
  - Dimensioned isometric drawing for gas lines: layout of the piping including all gas appliances with BTU ratings, regulators, manifolds and, valves.
- **Energy Compliance:** (as needed)
  - Provide prescriptive or performance energy forms for the following, but not limited to; Building Envelope, Fenestration, Lighting, HVAC, Water Heating.
- **Additional Items:**
  - Material Safety Data Sheets (if applicable)
  - For food service type businesses, submit County of San Bernardino Environmental Health Services approved plan (required for comparison to building plans prior to issuance of permit.)
  - Additional submittals may be required for special projects (Such as pools, underground tanks, etc.)

## ***2. Required Separate Submittal:***

- a. Building & Site Signage
  - Structural Calculations (as necessary)
  - Energy Compliance Forms (for lighted signs only)
- b. Fire Sprinkler Plans (Separate submittal to the County of San Bernardino)

## ***C. Forms to be Completed***

- a. A permit application
- b. Letter of intent (on form provided)
- c. Unreasonable Hardship Exception to Disabled Access Requirements (if applicable)
- d. Water Department Tenant Improvement Questionnaire (on form provided)
- e. Mojave Desert Air Quality Management District Clearance application (on form provided.)
- f. Mojave Desert Air Quality Management Notification of Demolition/Renovation application (if applicable, form available on request)
- g. Hazardous Materials Inventory Statement (HMIS) and/or Hazardous Materials Management Plan (HMMP) from the San Bernardino County Fire Department. (if applicable, form available upon request). 909-386-8401

## ***D. Permit Issuance***

1. Permits can only be issued to the building owner or a licensed contractor
2. Prior to issuance of the permit, or starting any work, approvals will be necessary from some or all of the following:
  - i. Building and Safety (760) 947-1311
  - ii. Planning (760) 947-1224
  - iii. San Bernardino County Fire Prevention Bureau (760) 995-8201
  - iv. Water/Sewer (760) 947-1840
  - v. Environmental Health Services (760) 995-8154

- vi. Mojave Desert Air Quality Management District (760) 245-1661

***E. Other Agencies***

If your project involves alteration/addition of utility services, contact the appropriate utility company representative for requirements:

- i. Southwest Gas (natural gas) - (760) 241-9321
- ii. Edison International (electricity) - (800) 684-8123
- iii. Verizon (phone) - (800) 483-3000



City of Hesperia  
**BUILDING AND SAFETY DIVISION**

### Building Permit Worksheet

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Jobsite Address: \_\_\_\_\_  
 Is this a mobile home?  Res  Comm  
 APN: \_\_\_\_\_ Lot: \_\_\_\_\_ Tract: \_\_\_\_\_  
 Cross street: \_\_\_\_\_  
 Owners \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State: \_\_\_\_\_ Cont. License# \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Business License#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Worker's Comp Carrier and Policy #: \_\_\_\_\_

Job Description: \_\_\_\_\_  
 Estimated Cost of Job: \$ \_\_\_\_\_  
 Applicants Name: \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_  
**# Dwell Units** \_\_\_\_\_ **#Stories** \_\_\_\_\_ **#Bedrooms** \_\_\_\_\_ **# Bldgs on lot** \_\_\_\_\_  
 Block Walls: Lineal Feet \_\_\_\_\_ City Details:  Yes  No  
 Tenant Improvement/C of O Sq. ft. \_\_\_\_\_ New sq. ft. \_\_\_\_\_  
 Water heater gal. Located in:  Garage  House

#### Office Use Only

RDA# \_\_\_\_\_  
 Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
 Street \_\_\_\_\_ PUE \_\_\_\_\_ ST \_\_\_\_\_  
 Zone \_\_\_\_\_ General Plan \_\_\_\_\_ CFD \_\_\_\_\_  
 Sewage  Public  Private Sq.ft./100 \_\_\_\_\_  
 SQ Ft \_\_\_\_\_  
 Livable \_\_\_\_\_ Patio \_\_\_\_\_  
 \_\_\_\_\_ Portico \_\_\_\_\_  
 Garage \_\_\_\_\_  
 \_\_\_\_\_ Porch \_\_\_\_\_



City of Hesperia  
BUILDING AND SAFETY DIVISION

Temporary C of O Expires \_\_\_\_\_ 20\_\_  
 New Certificate of occupancy

**APPLICATION FOR CERTIFICATE OF OCCUPANCY**

In order for the Building Department to provide final approval and a Certificate of Occupancy, it is necessary that this form be signed and dated by each of the individual agencies listed below, as applicable to your project. After this form is completed and final approvals have been met, this application will be forwarded to the Building Official for preparation of the Certificate of Occupancy.

**TO BE FILLED OUT BY APPLICANT**

Business Name \_\_\_\_\_ Description of Business: \_\_\_\_\_  
 Building Address (incl. Unit #'s): \_\_\_\_\_  
 Business Owner's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Business Owner's Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**TO BE COMPLETED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY**

Department	Phone	Authorized Signature	Date
Fire Department	760-995-8190	_____	_____
Public Works Department (when applicable)	760-947-1477	_____	_____
Recreation & Park District (when applicable)	760-244-5488	_____	_____
Planning Department	760-947-1224	_____	_____
Fog Application/Fees Paid (when applicable)	760-947-1634	_____	_____
Health Department (when applicable)	800-442-2283	_____	_____
Animal Control (Dispatch for Inspections)	760-947-1705	_____	_____
Conditions Met/Fees Paid (All other departments must sign off first)	760-947-1309	_____	_____
Note: _____			

**OFFICE USE ONLY**

Occ. Group(s) \_\_\_\_\_ Type(s) of Const. \_\_\_\_\_ Max. Occupant Load(s) \_\_\_\_\_  
 Square Footage \_\_\_\_\_ Use(s) \_\_\_\_\_  
 California Building Code Edition \_\_\_\_\_ Fire Sprinklers Req.  Yes  No  
 Special Conditions \_\_\_\_\_  
 Building Permit # \_\_\_\_\_  
 Business License # \_\_\_\_\_ Hold for other Professional Certifications  Yes  NA Completed \_\_\_\_\_  
 Plan Examiner \_\_\_\_\_ Date: \_\_\_\_\_ Inspector \_\_\_\_\_ Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Business License #: \_\_\_\_\_



City of Hesperia  
**BUILDING AND SAFETY DIVISION**

**LETTER OF INTENT**

Jobsite Address:					
Business Name:					
Business Owner Name:					
Business Owner Mailing Address:					
Business Owner City:		State:		Zip:	
Business Phone No.					
Email Address:					
Description of Business:					
Square Footage:					
Does the building have an Automatic Fire Sprinkler System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Alarms		
Is there any Class I, II, III-A Liquids,	<input type="checkbox"/> Used	<input type="checkbox"/> Stored	<input type="checkbox"/> Processed		
Is there any	<input type="checkbox"/> Welders	<input type="checkbox"/> Torches	<input type="checkbox"/> Other types of open flame being used:		
Provide Material Safety Data Sheets (MSDS) and quantities of all Class I, II, or III-A liquids and Hazardous Materials attached to the tenant improvement plans submitted					
Type of products or materials being:	<input type="checkbox"/> Sold	<input type="checkbox"/> Stored	<input type="checkbox"/> Manufactured		
Type and number of dust producing equipment being used:					
Type and number of machinery to be used:					
Number of items to be sold or produced monthly:					
Number of employees:					
Number of employees on largest shift:		Number of shifts:			
Number of company vehicles:					
Approximate number of company vehicle trips per day anticipated:					
Any other information that may assist in the process of your project:					



City of Hesperia  
**Building and Safety Division**  
 9700 Seventh Avenue  
 Hesperia, CA 92345  
 Phone 760-947-1311 / Fax 760-947-1418

Application for  
**Unreasonable Hardship Exception  
 To Disabled Access Requirements**

Project Address:	Type of Facility:
Project Description:	
Owner:	Phone Number:
Applicant:	Phone Number:

It is requested that this project be granted an exception from the accessibility requirements of the currently adopted California Building Code, Chapter (CBC) 11B, Division IV, as specifically noted below:

<b>Valuation Threshold Amount: \$ 156,162.00</b>			<b>Year: 2017</b>
<b>A.</b>	<b>General Exception, Section 1134B.2.1</b> Applicable to existing buildings where the total valuation of all construction performed at this building or facility over the last three years <b>does not exceed the valuation threshold amount</b> (listed above). Accessibility features that create a hardship (those exceeding valuation threshold) may be exempted but not all the accessibility features. The area of alteration itself must be fully compliant.		
	<b>Accessible Features:</b> (listed in order of preferred priority)	<b>Feature already meets current edition of CBC?</b>	<b>Is this feature being modified as part of this Tenant Improvement?</b>
1. Path of travel to entrance	_____	_____	\$ _____
2. Primary entrance	_____	_____	\$ _____
3. Path of travel within building / facility to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. At least one accessible restroom for each sex	_____	_____	\$ _____
6. Public telephones <i>(If provided)</i>	_____	_____	\$ _____
7. Drinking fountain <i>(If provided)</i>	_____	_____	\$ _____
8. Other (Parking, storage, alarms, etc.)	_____	_____	\$ _____
<b>Total cost of construction for this tenant improvement <u>without</u> accessible features listed above</b>			(A) \$ _____
<b>Cost of all other improvements made to this site over the last 3 years (see attached Declaration form)</b>			(B) \$ _____
<b>Total cost (A + B above) x .20 = Total cost obligation for this T. I. to upgrade the features listed above</b>			(C) \$ _____
<b>Total cost of accessible features to be provided (must meet or exceed line C above)</b>			(D) \$ _____

PETITIONER'S DECLARATION: I certify that the information noted above is true and correct.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>FOR DEPARTMENT USE ONLY</b>	
<input type="checkbox"/>	The above project has been <b>denied</b> an unreasonable hardship exemption under 2013 CBC Section 11B-202.4 exc. 8
<input type="checkbox"/>	The above project has been <b>granted</b> an unreasonable hardship exemption under 2013 CBC Section 11B-202.4 exc. 8

Building Official (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



City of Hesperia  
**BUILDING AND SAFETY DIVISION**

**DEMOLITION/RENOVATION PERMIT ISSUANCE  
CHECKLIST/QUESTIONNAIRE**

Use of this checklist is to determine whether an application for a Demolition/Renovation Permit requires a Notification of Demolition/Renovation form, from the Mojave Desert Air Quality Management District (MDAQMD) prior to permit issuance. If a Demo/Reno form is NOT required, then the applicant and permitting agency with the provisions of Health and Safety Code 19827.5 should retain this form with the permit application to verify compliance.

Will the demolition or renovation permit applied for involve one of the following:

1.  Yes       No      Any renovation work that involves the removal or disturbance of any material containing more than 1 percent Asbestos or at least 260 linear feet on pipes or at least 160 square feet on other facility components, or

2.  Yes       No      A complete building demolition, or a partial demolition which includes structural load bearing members (wall or structural members), including demolition of buildings which do not contain asbestos. Residential buildings having four or fewer dwelling units are exempt. All demolitions by intentional burning are regulated under NESHAPS

**NOTE:** If yes is marked for numbers one or two, the applicant must submit a copy of the MDAQMD Notification of Demolition/Renovation form PRIOR to the issuance of a demolition permit.

I declare that the notification requirements listed above are not applicable to this project and that this work does not require compliance with the provisions of California Health and Safety Code 19827.5 and Part 61 of Title 40 of the Code of Federal Regulations or any successor regulations. I certify under penalty of perjury under the laws of the State of California that all the foregoing is true and correct.

\_\_\_\_\_  
Signature of Owner or Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name of Owner or Contractor

\_\_\_\_\_  
Job Address

**NOTE: Asbestos of any amount or type is not allowed in the landfills of San Bernardino County**



## LISTING OF PERMIT CATEGORIES

### Mojave Desert Air Quality Management District

All businesses require clearance from the MDAQMD before obtaining a Certificate of Occupancy or Building Permit

#### **Chemicals**

Organic Gas Sterilizers  
Acid Chemical Milling  
Can and Coil Manufacturing  
Evaporators, Dryers, and Stills  
Processing Organic Minerals  
Dry Chemical Mixing  
Detergent Spray Towers  
Bulk Dry Chemical Storage

#### **Coatings and Surface Preparation**

Abrasive Blasting Equipment  
Coating and painting  
Plasma Arc and Ceramic Deposition  
Spray Booths  
Paint, Stain, and Ink Manufacturing

#### **Combustion**

Generators  
Piston Internal Combustion Engines  
Gas Turbines and Turbine Test Cells and Stands  
Incinerators and Crematories  
Burn Out Ovens  
Core Ovens

#### **Food**

Smokehouses  
Feed and Grain Mills  
Coffee Roasters  
Bulk Flour and Powdered Sugar Storage

#### **Metal Melting Devices**

Oil Quenching and Salt Baths  
Hot Dip Galvanizing  
Precious Metals Refining  
Chrome Plating  
Chromic Acid Anodizing

#### **Rock and Mineral**

Hot Asphalt and Batch Plants  
Sand, Rock, and Aggregate Plant  
Concrete Batch, CTB, Concrete Mixers and Silos  
Brick Manufacturing

#### **Solvent Use**

Vapor and Cold Degreasing  
Dry Cleaning  
Solvent and Extract Dryers

#### **Other**

Asphalt Roofing Tankers  
Gasoline and Alcohol Fuel Dispensing  
Reverse Osmosis Membrane Manufacturing  
Aqueous Waste Neutralization  
Brake Debonders  
Bulk Grain and Dry Chemical Transfer and Storage  
Rubber Mixers  
Landfill Gas Fare Recovery Systems  
Waste Disposal and Reclamation Units  
Asphalt Pavement Heaters  
Ceramic Slip Casting  
Perlite Processing  
Oil Field Production  
Storage of Organic Liquids  
Organic Compound Marketing (gasoline, etc.)  
Gasoline and Alcohol Bulk Plants and Terminals  
Intermediate Refuelers

- **NOTE:** Other equipment/processes not listed here may require a District permit if they have the potential of emitting air contaminants. If there are any questions, contact the Mojave Desert AQMD @ 760-245-1661.

**IF YOU INSTALL OR OPERATE EQUIPMENT WITHOUT A PERMIT, YOU MAY BE SUBJECT TO LEGAL ACTION AND PENALTIES OF UP TO \$25,000 FOR EACH DAY OF VIOLATION.**

# CERTIFICATE OF OCCUPANCY/BUILDING PERMIT

(RESIDENTIAL PROJECTS EXEMPT)

<b>APPLICANT SEEKING CLEARANCE FOR:</b>	
<input type="checkbox"/>	<b>Building Permit (not for demolition/renovation or asbestos permits)</b>
<input type="checkbox"/>	<b>Certificate of Occupancy (only if no prior building permit or there is a change in use)</b>

<b>BUSINESS NAME:</b>	<b>CONTACT:</b>	<b>PHONE:</b>	
<b>MAILING ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>FACILITY ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>NATURE OF BUSINESS (i.e., dry cleaner, gasoline dispensing, office, etc.):</b>			

1. Will the subject facility use any of the equipment/processes listed in the air permit categories on the back of this document, or any other process that has the potential to emit or control air contaminants - Rule 201?

YES\*       NO

**\*If YES, you must complete an application for an Authority To Construct (ATC). Applications can be obtained on the internet ([www.mdaqmd.ca.gov](http://www.mdaqmd.ca.gov)), at our office 14306 Park Avenue Victorville, or via telephone (760) 245-1661/ facsimile (760) 245-2022.**

2. Will the subject facility be located within 1,000 feet of a school (measured outer boundary to outer boundary) - H&S Code 42301.6?

YES       NO\*      **\*If NO, proceed to Item 5 (you can skip items 3 and 4)**

3. Will the subject facility have the potential to emit hazardous air contaminants, such as solvents, thinners, pesticides, gasoline, dip tank solutions, dust, mist, vapor, resin, or others (complete list available on request)?


YES       NO\*      **\*If NO, proceed to Item 5 (you can skip item 4)**

4. Attach a list of substances to be used at the subject facility and include a plot plan. The plot plan must include the distance from the outer boundary to the outer boundary of the nearest school.

**5. I DECLARE UNDER PENALTY OF PERJURY** under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date of signature

<b>FOR OFFICE USE ONLY</b>		
_____ DATE RECEIVED	_____ AUTHORIZED DISTRICT SIGNATURE	_____ DATE SIGNED
<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>CONFIRMING STAMP OR INITIALS</p>	<input type="checkbox"/> BUILDING PERMIT  <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
		LOCAL AGENCY <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Building Permit #: \_\_\_\_\_

Business License #: \_\_\_\_\_



**CITY OF HESPERIA – HESPERIA WATER/SEWER DEPARTMENT**  
9700 Seventh Avenue, Hesperia, CA 92345 Telephone: (760) 947-1449

**SEWER CALCULATION FORM**

The intent of this form is to calculate sewer connection fees required as a result of additional fixtures to the building. The fees shall be calculated upon approval of the plans and are due prior to final inspections by the Building & Safety Department.

Assessor Parcel No: \_\_\_\_\_ Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_\_

**PLEASE DESCRIBE PROPOSED PROJECT (Type of Business):**

Empty rectangular box for describing the proposed project.

1. If this is a restaurant, what is the seating capacity? \_\_\_\_\_
2. Are you required to have a grease trap, clarifier or sand trap? \_\_\_\_\_yes\_\_\_\_\_no  
Explain, which type \_\_\_\_\_
3. Will you need to increase the size of the existing meter? \_\_\_\_\_yes\_\_\_\_\_no What size? \_\_\_\_\_
4. Are you required to have a fire service for a fire sprinkler system? \_\_\_\_\_yes\_\_\_\_\_no What size? \_\_\_\_\_
5. Has Hesperia Fire District required you to install a fire hydrant for fire protection? \_\_\_\_\_yes\_\_\_\_\_no  
If yes, how many? \_\_\_\_\_ Are they required offsite? \_\_\_\_\_yes\_\_\_\_\_no Onsite? \_\_\_\_\_yes\_\_\_\_\_no

**PLEASE INDICATE HOW MANY OF THE FOLLOWING:**

**EXISTING FIXTURES**

Clotheswasher	
Cup Sink (oval 6x3x6)	
Dental Lavatory	
Dental Unit/Cuspidor	
Dishwasher	
Drinking Fountain (each head)	
Floor Drain (for overflow)	
Floor Drain/Floor Sink	
Flushing-Rim/Clinic Sink	
Kitchen Sink/Utility Sink	
Laundry Tub	
Lavy (single)	
Lavy (double)	
Mop Sink	
RV Dump Station	
RV Spaces	
Shower (only if separate from tub)	
Urinal (step-on)	
Urinal (wall)	
Urinal (flush-tank - home style)	
Wash-up Sink, (each set faucets)	
Water Closet (home style)	
Water Closet (flushometer)	

**ADDED FIXTURES**

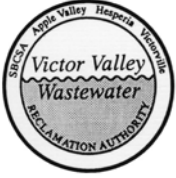
Clotheswasher	
Cup Sink (oval 6x3x6)	
Dental Lavatory	
Dental Unit/Cuspidor	
Dishwasher	
Drinking Fountain (each head)	
Floor Drain (for overflow)	
Floor Drain/Floor Sink	
Flushing-Rim/Clinic Sink	
Kitchen Sink/Utility Sink	
Laundry Tub	
Lavy (single)	
Lavy (double)	
Mop Sink	
RV Dump Station	
RV Spaces	
Shower (only if separate from tub)	
Urinal (step-on)	
Urinal (wall)	
Urinal (flush-tank - home style)	
Wash-up Sink, (each set faucets)	
Water Closet (home style)	
Water Closet (flushometer)	

PERSON COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**BUILDING & SAFETY VERIFICATION FOR METER SIZE(S) AND FIXTURES**

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



VICTOR VALLEY WASTEWATER RECLAMATION AUTHORITY
15776 MAIN STREET, SUITE 3
HESPERIA, CALIFORNIA 92345

WASTEWATER QUESTIONNAIRE FOR COMMERCIAL/INDUSTRIAL ESTABLISHMENTS\*

As specified in Sections 08-04.1, 08-07.1, and 08-07.3 of VVWRA Ordinance No. 001, no person shall commence, increase, or substantially change any discharge of nondomestic wastewater to the sewer system tributary to the VVWRA treatment plant except as authorized by VVWRA. All Industrial Users proposing to discharge nondomestic wastewater to said sewer system must complete and submit an application for a Wastewater Discharge Permit. If determined by VVWRA, Industrial Users must obtain a Nondomestic (Industrial) Wastewater Discharge Permit before connecting to or discharging to VVWRA's sewer system.

This form must be filled out completely\*, signed and dated, and returned to VVWRA at the above address within 7 days of receipt. If you have questions on completion of the form, call the VVWRA Industrial Waste Department at (760) 246-8638.

1. Business Name: Anticipated opening date:
\*Street Address: Date Opened:
City: Telephone Number: ( )
State Zip Code: Fax Number ( )

2. Business/Corporation Name:
\*Mailing Address: Same [ ]
City:
State: Zip Code: Telephone Number: ( )

3. Person authorized to represent above named business in official dealings with VVWRA:
Name: Title: Telephone Number: ( )

4. Alternate person to contact concerning information provided herein:
Name: Title: Telephone Number: ( )

This form must be signed by an authorized representative\* of your business after completion and review of the information by the signing official.

I certify under penalty of law that this document and all enclosures were prepared under my direction or supervision on accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

FOR VVWRA USE ONLY

[ ] Send Class I App Verified Open By: [ ] Visual [ ] Send Class II APP [ ] Visual [ ] Send Class III Permit [ ] Call [ ] Send Waiver Ltr. [ ] Meeting [ ] INSP

Provide a brief description of the manufacturing, production, or service activities your firm conducts.

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5. If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or activity (check all that apply).

a. Industrial / Manufacturing Categories

- Adhesives
- Aluminum Forming\*
- Anodizing\*
- Asbestos Manufacturing
- Battery Manufacturing or Reclaiming\*
- Builder's Paper and Board Mills\*
- Can Making\*
- Canned and Preserved Fruits and Vegetables Processing
- Canned and Preserved Seafood Processing
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining\*
- Copper Forming\*
- Dairy Products Processing
- Drum Reconditioning
- Electrical & Electronic Components\*
- Electrolysis Plating\*
- Electroplating\*
- Explosives Manufacturing
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Foundries\*
- Glass Manufacturing
- Grain Milling
- Gum & Wood Chemicals Manufacturing
- Hazardous Waste Treatment
- Industrial Laundry
- Ink Formulating
- Inorganic Chemicals Manufacturing\*
- Iron & Steel Manufacturing\*
- Leather tanning & Finishing\*
- Machinery Manufacturing and Rebuilding
- Meat Products Processing
- Mechanical Products
- Metal coating (Chromating, Phosphating, Coloring, Passivating)\*
- Metal Etching or Chemical Milling\*
- Metal Molding and Casting\*
- Mineral Mining and Processing
- Nonferrous Metals Forming and Metal Powders\*
- Nonferrous Metals Manufacturing\*
- Oil & Gas Extraction

- Ore Mining and Dressing
- Organic Chemicals\*
- Paint Formulating
- Paving Roofing Tars and Asphalt
- Pesticide Chemicals Manufacturing\*
- Petroleum Refining\*
- Pharmaceuticals Manufacturing\*
- Phosphate Manufacturing
- Photographic Supplies
- Plastics & Synthetic Fiber Manufacturing\*
- Plastics Molding and Forming
- Porcelain Enameling\*
- Printed Circuit Board Manufacturing\*
- Pulp, Paper, & Paperboard \*
- Rubber Manufacturing
- Soap & Detergent Manufacturing
- Solvent Recycling
- Steam Electric Power Generation\*
- Sugar Processing
- Textile Mills
- Timber Products Processing\*
- Transportation Equipment Cleaning
- Used Oil Reclamation and Refining

\* May be subject to Federal Categorical Pretreatment Standards

b. Other Business Activities

- Beverage Bottling
- Commercial Laundry
- Dentistry
- Feed Lot
- Food / Edible Products Processing
- Hospital
- Non-Commercial Laundry
- Photographic Processing
- Printing & Publishing
- Radiator Repair
- Restaurant
- Vehicle Maintenance and Repair
- Vehicle Washing
- X-Ray Processing

c. Of the categories and activities checked above, indicate which one(s) result in a discharge of any quantity or wastes to the sewer system: \_\_\_\_\_

\_\_\_\_\_

7. Types of wastewater generated:

<u>Sources of Wastewater</u>	Approx. Quantity Discharged (gallons per Day)	<u>Where Wastes Are Discharged (check all that apply)</u>						
		Sanitary Sewer	Storm Drain or Channel	Street	Ground	Evaporation	Waste Hauler(s) (Give Name of company)	Septic Tank
Domestic Wastes, Restroom								
Air Conditioner, Condenser or Chiller Condensate								
Process Cooling Water, Contact								
Boiler								
Process Cooling Water, Non-Contact								
Water Softener and / or Deionizer								
Compressor Condensate								
Manufacturing Processes								
Food Processing								
Vehicle Washing								
Laundry								
Photo Processing								
Cleaning Raw Materials								
Equipment and / or Parts Cleaning								
Floor Washdown								
Air Pollution Control Unit								
Other								

Need characterization for any waste strengths listed, if known. Attach representative lab analysis for all parameters tested.

BOD (mg/l)\_\_\_\_\_

TSS (mg/l)\_\_\_\_\_

NH3 (mg/l)\_\_\_\_\_

8. What is the total number of sewer floor drains\*\* at your facility? \_\_\_\_\_  
*(A sewer "floor drain" is any floor drain that is connected to the sanitary sewer system rather than to the storm drain system and which is not located in a restroom.)*
  
9. Are there sewer floor drains located outdoors? \_\_\_\_\_
  
10. What is the total number of other process sewer connections at your facility? \_\_\_\_\_  
*(Such as direct sewer connections to equipment)*
  
11. Do you have a Business Emergency Contingency Plan? \_\_\_\_\_  
*(Also known as a "Business Plan", this document is required by the San Bernardino County Department of Environmental Health Services (DEHS) for all businesses which handle hazardous materials or generate hazardous wastes. If you have any questions on your firm's need for a Business Emergency Contingency Plan, please call DEHS at (909) 386-8401.*

Hazardous Waste

12. Do you utilize any materials, which are considered hazardous? \_\_\_\_\_

13. Do you generate or dispose of any wastes that are considered hazardous? (Used motor oil, anti freeze, etc.)  
\_\_\_\_\_

*(Please enclose two of the most current hauling manifest receipts with this questionnaire)*

Oil & Grease Separator/Grease Trap

14. Do you have pumping records for either your Oil & Grease Separator or your Grease Trap?  
\_\_\_\_\_

*(Please enclose two of the most current hauling manifest receipts with this questionnaire)*



End Notes:

- 1 A nonresidential establishment is any facility of an industrial, commercial governmental, or institutional nature, which is located in and/or does business in the service area of VVWRA (cities of Apple Valley, Hesperia, and Victorville, and communities of Oro Grande and Spring Valley Lake).
- 2 In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and Section 8.4.14 of VVWRA Ordinance 001, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and Section 8.4.14 of VVWRA Ordinance 001. Should a Wastewater Discharge Permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent application for Wastewater Discharge will be used by the VVWRA in developing a Wastewater Discharge Permit.
- 3 An authorized representative is: a corporate official (i.e. president, senior vice-president, vice-president in charge of the principal business function, secretary-treasurer; manager of one or more manufacturing, production, or operational facilities of the authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedure; or a general partner or proprietor if the business is a partnership or sole proprietorship.