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, ¼ 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 _____

☐ Temporary C of O Expires _____ 20__
☐ New Certificate of occupancy

City of Hesperia
BUILDING AND SAFETY DIVISION

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? ☐ Yes ☐ No ☐ Alarms
Are there any Class I, II, III-A Liquids? ☐ Used ☐ Stored ☐ Processed
Are there any ☐ Welders ☐ Torches ☐ 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: ☐ Sold ☐ Stored ☐ Manufactured

Type and number of dust producing equipment to be 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:

Is the proposed use a care facility? ☐ Yes ☐ No
Will the care facility provide 24-hour care? ☐ Yes ☐ No
Check boxes that apply ☐ Ambulatory ☐ Non-ambulatory ☐ Bedridden
Number of clients _____
Age of clients _____

Any other information that may assist in processing 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:

Valuation Threshold Amount: $203,611.00 **Year: 2025**

A.

General Exception, Section 11B-202.4 exc. 8
Applicable to existing buildings where the total valuation of all construction performed at this building or facility over the last three years **does not exceed the valuation threshold amount** (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.

Accessible Features: (listed in order of preferred priority)	**Does existing feature meet accessibility standards of Chapter 11B of the current CBC?**	**Will this feature be replaced or altered to meet Chapter 11B of the current CBC?**	**If so, how much will be spent to make this feature accessible?**
1. Path of travel to the entrance	_____	_____	$_____
2. Accessible entrance	_____	_____	$_____
3. Accessible route to the altered area	_____	_____	$_____
4. Elevator	_____	_____	$_____
5. At least one accessible restroom for each sex	_____	_____	$_____
6. Public telephones *(If provided)*	_____	_____	$_____
7. Drinking fountains *(If provided)*	_____	_____	$_____
8. Other (Parking, storage, alarms, etc.)	_____	_____	$_____

Total cost of construction for this tenant improvement without accessible features listed above	**(A)**	$_____
Cost of all other improvements made to this site over the last 3 years (see attached Declaration form)	**(B)**	$_____
Total cost (A + B above) x .20 = Total cost obligation for this T. I. to upgrade the features listed above	**(C)**	**$_____**
Total cost of accessible features to be provided (must meet or exceed line C above)	**(D)**	$_____

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

Name (print): _____ Signature: _____ Date: _____

Address: _____ Title: _____ Phone: _____

FOR DEPARTMENT USE ONLY

❑ The above project has been **denied** an unreasonable hardship exemption under 2022 CBC Section 11B-202.4 exc. 8
❑ The above project has been **granted** an unreasonable hardship exemption under 2022 CBC Section 11B-202.4 exc. 8

Building Official (print): _____ Signature: _____ Date: _____

Building Permit #: _____

Business License #: _____

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

Building Permit #: _____

Business License #: _____

City of Hesperia
BUILDING AND SAFETY DIVISION

NON-RESIDENTIAL WASTEWATER CALCULATION FORM

The intent of this form is to calculate sewer connection fees required due to the addition of 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):

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

PLEASE INDICATE HOW MANY OF THE FOLLOWING:

Fixture Type	# Of Existing Fixtures	# Of Proposed Fixtures	Inspector Verification (Official Use Only)
Clothes Washer			
Dishwasher			
Kitchen and Utility Sinks			
Rea Laundry Tub			
Lavatory (single)			
Lavatory (double)			
Lavatory (dental)			
Wash up / Hand Sink (ea. set of faucets)			
Dental Unit / Cuspidor			
Cup Sink (6X3X6)			
Bar Sink			
Com. Tripple Dip Sink (w/ or w/o circular spray)			
Com. Prep Sink (w/ or w/o circular spray)			
Mop Sink			
Flushing Rim Sink (hospital or clinic)			
Drinking Fountain (each waterspout)			
Bathtub (with or w/o shower)			
Shower Only (no tub)			
Urinal (step on or trough style)			
Urinal (wall hung)			
Urinal (flush tank / residential style)			
Toilets (water closet w/ tank)			
Toilets (water closet w/ flush valves / no tank)			
Floor Drain / Floor Sink			
Floor Drain (for emergency overflow)			
RV Dump Station			
RV Spaces (w/ wastewater hook-up)			

PERSON COMPLETING FORM: _____ DATE: _____
BUILDING INSPECTOR: _____ DATE: _____
COMMUNITY DEVELOPMENT COORDINATOR: _____DATE: _____

Mojave Desert Air Quality Management District
Brad Poiriez, *Executive Director*
14306 Park Avenue, Victorville, CA 92392-2310
760.245.1661 • Fax 760.245.2022
Email: **engineering@mdaqmd.ca.gov**
www.MDAQMD.ca.gov • @MDAQMD

APPLICATION FOR MDAQMD CLEARANCE

Certificate of Occupancy/ Building Permit

(Residential projects exempt)

Applicant seeking clearance for:

☐ **Building Permit** (not for demolition/renovation or asbestos permits)

☐ **Certificate of Occupancy** (only if no prior building permit or there is a change in use)

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

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 AQMD Permit. Applications can be obtained at our website, in person at our office or by contacting us by phone or email. **(Contact and location information at the top of this page.)

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 (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 (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 _____

-For District use only-

DATE RECEIVED _____ AUTHORIZED DISTRICT SIGNATURE _____ DATE SIGNED _____

NOTES

☐ **Building Permit**
☐ **Certificate of Occupancy**

LOCAL AGENCY _____

STAMP

Permit Categories

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

Cannabis Cultivation
Oil Extraction Activities
Odor Control Devices
Supplemental Generator Power

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
Feed and Grain Mills
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 an **MDAQMD** permit if they have the potential of emitting air contaminants. For more information, contact the Permitting Section at 760.245.1661 or **engineering@mdaqmd.ca.gov**.

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.

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

WASTEWATER QUESTIONNAIRE FOR COMMERCIAL/INDUSTRIAL ESTABLISHMENTS[1*]

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[2*], 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[3*] 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** ☐ **Send Class II APP** ☐ **Send Class III Permit** ☐ **Send Waiver Ltr.** ☐ **INSP**
Verified Open By: [ ]Visual [ ]Call [ ]Meeting

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

_____

_____

_____

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*
- ☐ Anodizng*
- ☐ 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:

Sources of Wastewater	Approx. Quantity Discharged (gallons per Day)	Where Wastes Are Discharged (check all that apply)						
		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.