

# CERTIFICATE OF OCCUPANCY/BUILDING PERMIT

(RESIDENTIAL PROJECTS EXEMPT)

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

BUSINESS NAME:	CONTACT:	PHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
FACILITY ADDRESS:	CITY:	STATE:	ZIP:
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 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

FOR OFFICE USE ONLY		
_____	_____	_____
DATE RECEIVED	AUTHORIZED DISTRICT SIGNATURE	DATE SIGNED
<input type="checkbox"/>	<input type="checkbox"/> BUILDING PERMIT	
	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
CONFIRMING STAMP OR INITIALS	LOCAL AGENCY	_____