City of Oroville

COMMUNITY DEVELOPMENT DEPARTMENT

1735 Montgomery Street
Oroville, CA 95965-4897
(530) 538-2401 – FAX (530) 538-2426
www.cityoforoville.org

CERTIFICATE OF OCCUPANCY AND BUSINESS LICENSE

Requirements for Obtaining a Certificate of Occupancy & Business License

1. **Please complete entire Certificate of Occupancy and Business License packet and include a floor plan on 11 X 17-inch paper of your building/facility, including a total square footage of the building and all exits.** If you are a new business, or relocating an existing business make sure the property is within the city limits, and verify you are using the correct address.

2. When you have completed the forms, please submit them to the City of Oroville Building Department with all the required fees and a zoning clearance will be conducted.
   - Planning Department will review the zoning and the type of business you will be conducting. If it is a use permitted by right within that zoning, they return the approved application to the Building Department. If not, a Planner will contact you with the results of his review.
   - Once planning review is complete the Building Department Permit Technician will notify you to move into your building.
   - When you have completely moved in you will need to contact the Building Department to schedule your building inspection. At that time, you will be given the phone number of the Fire Department to contact them to schedule your fire inspection. You will need to have a responsible party at the site to allow for access and to answer any questions relating to the proposed business and facility.
   - When the Building Inspector and Fire Marshall has approved the building is safe for occupancy the Permit Technician will prepare your Certificate of Occupancy for signature by the Building Official. After it has been signed it will be given to the Staff Assistant who will then prepare your Business License.

3. If your facility will require any alterations, additions or remodeling of the building, site or structures you may also be required to obtain a Building Permit. This includes any electrical, plumbing or mechanical/HVAC work. All Building Permits shall receive Final Approval prior to any Business License Occupancy being issued.

   The inspection may include, but not limited to, the following items:
   a. Fire Extinguisher(s) - *(minimum 2A, 10 BC or larger rating)* provided and mount, have serviced (annually), provide clear access, etc.
   b. Exiting – Exit Signs and Emergency Egress Illumination (with back-up power), clear unobstructed path of egress.
   c. Electrical - no exposed wiring, cover plates for junction boxes, switch & outlet covers, breakers labeled, etc.
   d. Fire Protection Equipment – unobstructed access to controls, sprinklers have current 5-year servicing certification. No damaged, corroded or painted sprinkler heads, Commercial Exhaust Hoods – clean, serviced and provided with UL 300 compliant fire extinguishing system - serviced and tagged.
   e. Flammable and Combustible Liquids contained in Approved Flammable Liquid Storage Cabinet, or other approved means of storage. Compressed Gas cylinders secured to prevent tipping over.
   f. Storage and Housekeeping – arrange storage in orderly manner to provide access/ egress, remove combustible storage from boiler, mechanical, electrical room, remove waste and rubbish materials from premises, etc.
   g. Provide address numbering which is visible from the street. (Minimum 4" in height lettering)
   h. Structural/Architectural - no holes in walls, leaky roofs/ceilings, broken windows, etc.
   i. Plumbing - in working order, no danger of cross-contamination, check-valves where required, no leaks, etc.
   j. Off-Street Parking provided? Accessible Parking delineated in accordance with current Building Code requirements.
   k. Trash enclosure provided - if not existing?

4. If there are any Life-Safety items in need of correction/repairs, they must be completed prior to the Business License Occupancy being issued. A Correction Notice will be issued by the Building Inspector and/or Fire Marshal. After correction/repairs have been made, call the Building Department and/or Fire Department to schedule a re-inspection to verify that corrections have been completed.

5. Once it has been determined that no further violations exist the Permit Technician will prepare your Certificate of Occupancy and forward the necessary paperwork to the Finance Department for processing and issuance of the Business License and Occupancy.

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Business License Fire Safety Inspections Requirements

EXITING

- Remove obstruction(s) from exit-way(s), aisle(s) or exit door(s).
- Exit door(s) to open without a key or any special knowledge/effort.
- Remove storage from under the unprotected stairway(s).
- Repair non-operable exit door hardware.
- Remove obstructions from doors required to be closed.
- Remove locks or latches from doors with panic hardware.
- Place the exit sign above the exit door.
- Provide a sign over the main exit door stating, "This Door To Remain Unlocked When Building Is Occupied."
- Repair all non-working exit signs and exit illumination.
- Post an occupant load sign at the primary entrance to the building. (50 or more)

ELECTRICAL

- Discontinue the use of extension cords.
- Install permanent wiring for fixed and stationary appliances.
- Provide cover plates for all junction boxes that are exposed.
- Remove exposed wiring or protect in approved conduit.
- Provide a 30" clear space to and in front of all electrical panels.
- Label all Electrical Panel Breakers.

FIRE EXTINGUISHERS

- Have the fire extinguishers serviced and tagged. (Minimum size fire extinguishers; 2A,10BC)
- Provide and mount a fire extinguisher as indicated.
- Mount existing fire extinguisher in an approved location.
- Post a sign indicating the location of the fire extinguisher.
- Provide clear access to the fire extinguishers.

FIRE PROTECTION EQUIPMENT

- Remove obstructions (3 ft. minimum clearance) for access and use of fire appliances and equipment.
- Secure all systems control valves in the open position.
- Provide 5- year certification test for sprinkler/stand-pipe.
- Replace missing caps on the fire department connection.
- Provide sprinkler coverage in unprotected areas.
- Provide spare spinkler heads and/or wrench at riser.
- Replace damaged, corroded or painted sprinkler heads.
- Hood and duct extinguishing system to be serviced and tagged.

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- Remove grease from hood, duct and filters. (And keep clean)
- Provide working Smoke Detector(s).

FLAMMABLE AND COMBUSTIBLE LIQUIDS

- Provide a flammable liquid storage cabinet or reduce storage.
- Provide an inside storage room or reduce storage.
- Discontinue dispensing of flammables by gravity.
- Replace lids on all storage not in immediate use.

STORAGE AND HOUSEKEEPING

- Reduce storage to at least 24" below the ceiling. (No sprinklers)
- Reduce storage to at least 18" below the sprinkler heads
- Arrange storage in an orderly manner to provide access/egress.
- Remove combustible storage from the boiler, mechanical, electrical room.
- Provide a minimum 30" clearance of combustibles from heating equipment.
- Remove waste and rubbish materials from the premises.
- Relocate the dumpster to an approved location.
- Repair holes in the required fire resistive construction.
- Provide a minimum 30" clearance between buildings and combustible growth.
- Provide an approved metal container for oily rag storage.

MISCELLANEOUS

- Provide address numbering which are visible from the street.
- Provide a Knox Box and/or Keys required for Fire Department access.
- Identify the fire lanes at indicated locations.
- Secure the compressed gas cylinders.
- Other violations and comments.

Thank you in advance for your cooperation in this matter. If you should have any questions do not hesitate to contact the Building Department at building@cityoforoville.org

City of Oroville

FLOOR PLAN IS REQUIRED, PLEASE LIST SQUARE FOOTAGE.

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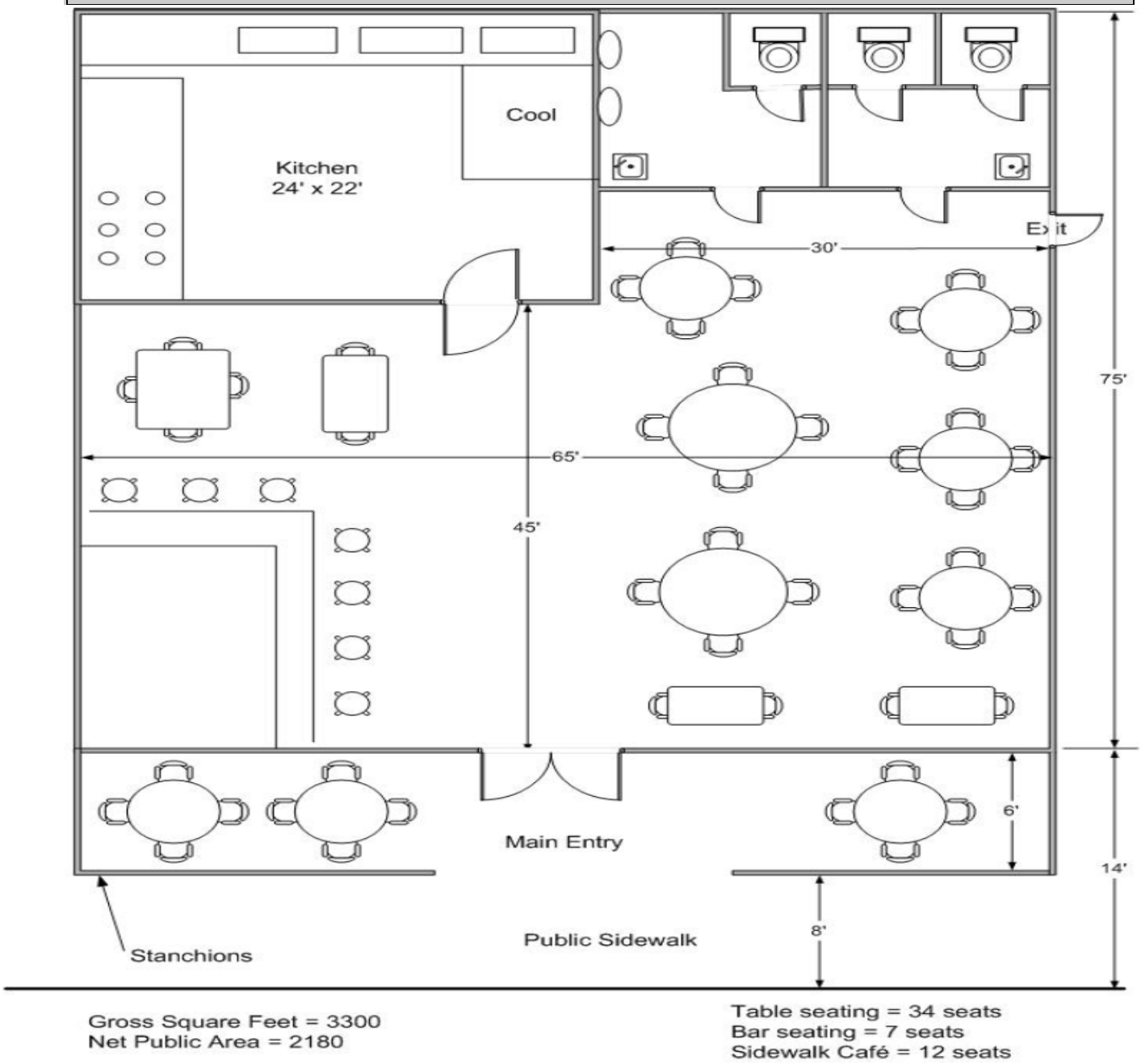
SAMPLE COMMERCIAL FLOOR PLAN



Gross Square Feet = 3300
Net Public Area = 2180

Table seating = 34 seats
Bar seating = 7 seats
Sidewalk Café = 12 seats

Please keep in mind these sample floor plans are not intended to include all items required to be shown on a building and/or occupancy permit floor plan submittal. Contact the City of Oroville Building Department for complete information at (530) 538-2425 or email at building@cityoforoville.org.

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ZONING CLEARANCE/OCCUPANCY PERMIT APPLICATION

Date Submitted

Trakit Number

_____ _____

New Business Address **Old Business Address**

INDICATE PROPOSED USE/USES:

_____

_____

_____

Office Use Only

Zoning Clearance
(For Planning Department Use Only)

Proposed Use
(check all that apply)

Finance Dept.
Verify SC-OR Code
_____

APN: _____-_____-_____ Property Zoning: _____

Use allowed by zoning? □ Yes □ No If not allowed at all, is use nonconforming? □ Yes □ No

Is Use Permit required? □ Yes □ No Has Use Permit been obtained? □Yes (permit #____) □ No

If permit has been obtained, is new use substantially different from use for which permit was issued (expanded in intensity, longer hours, etc.)? _____

If yes, modified Use Permit may be required.

Does site conform to current development standards? □ Yes □ No
Parking lot shade? □ Yes □ No other landscaping? □ Yes □ No

If no, site improvements may be required (City staff will review response if building/lease space has been vacant more than one year & if building/lease space is not part of larger complex of similar uses.) Comments *(Note: All comments are typed on the Certificate of Occupancy.):*

_____ _____

Signature of Planner Date

ZONING CLEARANCE/OCCUPANCY PERMIT APPLICATION

This application is NOT a Certificate of Occupancy. The building for which this application is submitted shall NOT be occupied until such time as the necessary inspections have been made and all corrections accomplished, and the Certificate of Occupancy approved by the appropriate departments. At that time a City business license will be issued. Any variance from these requirements shall be authorized only by the City of Oroville, Building Department. Violation of occupancy requirements (Oroville City Code Section 6-1.1) constitutes an infraction and may result in legal action. To avoid delays in processing this application, please complete it in its entirety. Return the completed application to the Building Department at 1735 Montgomery Street, Oroville, CA 95965-4897, so that an inspection date and time can be conveniently scheduled.

Business Name: _____

Type of Business: _____

Site Address of Business & Suite No.		**Business Phone No.**
Business Owner #1	**Home Address (Owner #1)**	**Home or Cell Phone No.**
Business Owner #2	**Home Address (Owner #2)**	**Home or Cell Phone No.**
Applicant's Name	**Home Applicant's Address**	**Home or Cell Phone No.**

Will there be any remodeling done? If so, please explain in detail – permits may be required.

_____

_____

_____ _____

Signature of Owner/Applicant **Date**

For Office Use Only:

Business License Occupancy Fee: **$285.14**

Credit Card Payment:	☐ VISA	☐ Cash
Expiration Date_____	☐ MC	☐ Check #_____

Certificate of Occupancy and Business License applications will expire after 6 months of inactivity. Once the applications have been expired, and you wish to move forward, you will have to reapply and pay additional fees.

CITY OF OROVILLE

Discover Gold, Discover Gold

Photo ID Required

Return To:
City of Oroville
1735 Montgomery St.
Oroville, CA 95965
Telephone: (530) 538-2401
Fax Number: (530) 538-2426

☐ RENEWAL

☐ NEW BUSINESS

BUSINESS LICENSE APPLICATION

Please type or print.

Make changes in printed information where necessary

BUSINESS NAME		
BUSINESS LOCATION (COMPLETE ADDRESS, CITY, STATE, ZIP		
BUSINESS TELEPHONE	OWNER'S HOME TELEPHONE	***EMAIL ADDRESS**
BUSINESS OWNER	OWNER SOCIAL SECURITY NUMBER	
HOME ADDRESS (COMPLETE ADDRESS, CITY, STATE, ZIP)		

IS APPLICATION FOR ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

LIST ALL PARTNERS AND/OR ALL OFFICERS & TITLES - ATTACH SEPARATE LIST IF NECESSARY **IDs required for partners**

NAME/TITLE	ADDRESS	(AREA CODE) PHONE
NAME/TITLE	ADDRESS	(AREA CODE) PHONE
NAME/TITLE	ADDRESS	(AREA CODE) PHONE
NAME/TITLE	ADDRESS	(AREA CODE) PHONE

RESALE NUMBER (BOARD OF EQUALIZATION)	STATE EMPLOYER I D #	FEDERAL EMPLOYERS ID NUMBER

MAILING INFORMATION

NAME			
ADDRESS			
CITY		ZIP	

PLEASE FILL IN APPROPRIATE SPACES:

	Number of Employee's including Owner		
	Number of Professionals,		Number of Assistants or Employees
	Number of Units (Rms, Apts, Beds, Spaces, Lanes, Billboards, Vehicles, Tables, Chairs, Etc.)		
	Number of Rentals (Auto, Trailers, Planes etc.)		
	Other		

Type of Business (Give Full Description)

AVOID PENALTIES - FILE PROMPTLY ALL BUSINESSES ARE SUBJECT TO AUDIT

AFFIDAVIT: I Hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE

OFFICE USE ONLY					APPROVED	DENIED
RECEIVED BY		DATE		OCCUPANCY PERMIT		
AMOUNT		RECEIPT#		USE PERMIT		
CASH/CHECK		SIC CODE		POLICE CLEARANCE		

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CITY OF OROVILLE
EMERGENCY INFORMATION CONTACT SHEET

Should there be an emergency during non-operation hours of your business and a need to contact the Owner(s) and/or Manager(s), please complete the following Emergency information Sheet. This information is private and confidential and shall only be used in an emergency.

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

PHONE BUSINESS:_____CELL: _____

OWNER

OWNER NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE:_____CELL: _____

CO-OWNER (if applicable)

CO-OWNER NAME: _____

CO-OWNER'S HOME ADDRESS: _____

CO-OWNER PHONE:_____CELL: _____

MANAGER (if applicable)

MANAGER'S NAME: _____

MANAGER'S HOME ADDRESS: _____

MANAGER'S PHONE:_____CELL: _____

ASSISTANT MANAGER (if applicable)

ASSISTANT MANAGER'S NAME: _____

ASSISTANT MANAGER'S PHONE: _____

Date Received	Date Recorded in Dispatch	Date Filed in EOC File

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy numbers are:

Carrier: _____

Policy Number: _____

☐ I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: _____ Date: _____

Address: _____

Signature: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO $100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.