



## Air Quality Permit Checklist

South Coast Air Quality Management District (SCAQMD) developed this Air Quality Checklist as a screening evaluation tool in the process required by California Government Code Section 65850.2. Please provide a response to all questions on this checklist.

If you have any question or need assistance completing this checklist, please contact the SCAQMD's Small Business Assistance Office, and a representative will help you complete the information in the checklist. SCAQMD may decline to issue this form due to lack of information from applicant.

NOTE: If there are any demolition or renovation activities that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

### Section A - Operator/Business Information

|                   |                     |
|-------------------|---------------------|
| 1. Business Name: |                     |
| 2. Address:       |                     |
| Street _____      | City _____ CA _____ |
|                   | Zip _____           |
| 3. Contact Name:  | Telephone Number:   |
| Title:            | Email:              |

### Section B - Facility Business Information/Business and Equipment Description

Please provide a detailed description of the business operations to be performed and equipment to be used at this location:

### Section C - Checklist Questionnaire

Please respond to all questions as it relates to the business activities to be performed at this location. Will business operations at this location:

1. Result in the release of air pollutants, including but not limited to, dust, fumes, gas, mist, odors, smoke, vapor, or a combination of these to the atmosphere? Yes No
2. Result in the use of fuel-burning equipment including, but not limited to, boilers, generators, and internal combustion engines? Yes No
3. Result in the use of hazardous materials, including but not limited to, chemicals, plastics, rubber, resins, solvents, paints, and parts cleaners? Yes No

**Section C - Checklist Questionnaire (continued)**

4. Result in the use of an above or underground storage tank? Yes No
5. Consist of manufacturing, fabrication, finishing, or treatment of wood, metal or plastic products: Yes No
6. Result in the use of any of the equipment listed below: Yes No  
(Select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room<br><input type="checkbox"/> Air Conditioning Systems (containing > 50 lbs of refrigerant)<br><input type="checkbox"/> Application of Paints/Adhesives/Resins<br><input type="checkbox"/> Baghouse/Dust Collector<br><input type="checkbox"/> Bakery Oven (gas-fired)<br><input type="checkbox"/> Boiler/Water Heater (max. heat input = or > 1 million BTU/hr)<br><input type="checkbox"/> Charbroiler/Smoker<br><input type="checkbox"/> Coffee Roaster/Afterburner<br><input type="checkbox"/> Deep Fryer (excluding equipment located at eating establishments)<br><input type="checkbox"/> Dry Cleaning Equipment<br><input type="checkbox"/> Electrostatic Precipitator<br><input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting of Metals<br><input type="checkbox"/> Fermentation<br><input type="checkbox"/> Gasoline Storage & Dispensing Equipment<br><input type="checkbox"/> Internal Combustion Engine (rated > 50 bhp; e.g. back-up generator)<br><input type="checkbox"/> Mixing/Blending of Liquids and/or Powders<br><input type="checkbox"/> Molding/Extruding/Curing of Plastics<br><input type="checkbox"/> Pharmaceutical/Nutraceutical<br><input type="checkbox"/> Plasma/Laser Cutter<br><input type="checkbox"/> Printing/Coating/Drying<br><input type="checkbox"/> Production of Fumes/Dust/Smoke/Odors<br><input type="checkbox"/> Refrigeration Systems (containing > 50 lbs of refrigerant) | <input type="checkbox"/> Soldering Oven<br><input type="checkbox"/> Spray Booth<br><input type="checkbox"/> Storage of Acids/Solvents/Organic Liquids/Fuels<br><input type="checkbox"/> Storage Silos (sugar, flour, etc.) |
|--|--|

**Section D - Business Self Certification**

|              |        |                   |
|--------------|--------|-------------------|
| 7. Preparer: | Title: |                   |
| Signature:   | Date:  | Telephone Number: |

*I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.*

|                            |  |            |
|----------------------------|--|------------|
| <b>SCAQMD<br/>USE ONLY</b> | Equipment:   | Issued By: |
|                            | <input type="checkbox"/> Applicant has permit(s) from the SCAQMD:  |            |
|                            | <input type="checkbox"/> Applicant has filed for permit(s) with the SCAQMD:  |            |
|                            | <input type="checkbox"/> Applicant is exempt from permit requirements:   |            |
|                            | <input type="checkbox"/> Applicant has complied with filing requirements of R222:  |            |
|                            | <input type="checkbox"/> Based on the information provided, no equipment/process requiring air quality permit or registration. |            |



Building & Safety Division  
1 Town Square, Murrieta, CA 92562  
Telephone 951-461-6062 [www.murrietaca.gov](http://www.murrietaca.gov)

### **Tenant Occupancy Permit Processing Procedures**

The following information is being provided to facilitate occupancy for your new business.

#### **Occupancy Permit Application Procedure**

1. Complete a Building Division permit application and Tenant Disclosure Form.
2. Provide two copies of the site plan with parking shown (usually provided in your lease package or available from your property management representative).
3. Provide two copies of a detailed floor plan with the following:
  - Dimensions of the leased space and of all rooms or partitioned areas. Any wall partitions over 5'9" in height that are not moveable will require plans, details and a tenant improvement permit. Indicate the location of any moveable partitions you will be installing that are less than 5'9" in height.
  - Label uses of all existing areas (i.e., restroom, office, lobby, shipping, warehouse, etc.)
  - Indicate all locations and heights of any new shelving or storage racks. Storage racks exceeding 8' in height will require an engineer's design and Fire Department approval. For other shelving, provide Manufacturer's installation instructions.
4. Obtain the Planning Division's approval on your application and bring to the Building and Safety Division counter for approval of your plan and payment of fees.
5. A building permit will not be issued without a valid City of Murrieta Business License.

#### **Building Inspection Procedure**

1. You may call for a building inspection at 461-6050 before 5:30 pm to be on the next business day schedule. You or your representative will need to provide access to the unit for inspection.
2. The Building & Safety Division will notify Edison and/or the Gas Company, after a scheduled Electric Meter Release, or Final Inspection from the Building & Safety Division. Verification of suite address/identification is essential. It may take one to two business days for utility releases to clear.
3. Contact Edison only after you have received a Building Division inspection signed approval to request service. Contact the Gas Company if you require gas service.
4. When utilities have been established, contact the Murrieta Fire Department to request a Fire Department inspection. After a Fire Department Final Inspection, call and schedule a Building Division Final Inspection.
5. A Certificate of Occupancy will be mailed to you after all Final Approvals are obtained.
6. You are required to post your business license and your Certificate of Occupancy in your leased space.

#### **List of Useful Telephone Numbers**

|   |                |
|---|----------------|
| City of Murrieta Building & Safety Division | (951)461-6062  |
| City of Murrieta Fire Department            | (951)304-3473  |
| City of Murrieta Business License           | (951)461-6042  |
| Southern California Edison                  | (951) 928-8290 |
| The Gas Company                             | 1 800 228-7377 |
| Verizon (Telephone Service)                 | 1 800 483-5000 |
| Chamber of Commerce                         | (951) 677-7916 |



Building and Safety Department  
1 Town Square Murrieta, CA 92562  
Phone 951-461-6062 www.murrietaca.gov

## Tenant Disclosure For Certificate of Occupancy

If you are NOT doing work that requires a building permit, please provide two copies of a site plan showing the building and suite location; and two floor plans of the existing leased space as-is.

- Intended business use: \_\_\_\_\_
- Business name: \_\_\_\_\_
- Is this a new business in Murrieta? Yes / No (Circle One)
- Address and suite number: \_\_\_\_\_
- Leased sq. ft. area: \_\_\_\_\_
- Number of employees: \_\_\_\_\_
- Are you the first tenant to occupy this space? Yes / No (Circle One)
- List any toxic chemicals, flammable/combustible liquids or gases used or stored with MSDS sheets and quantities of each below or on a separate attached sheet(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you making any improvements to the unit/suite or building other than painting, floor covering or similar finish work; installing moveable cases, shelving or partitions greater than 5'9" tall? Yes / No (Circle One)
- Applicant shall obtain all required clearances and/or approvals from the appropriate water district(s) prior to issuance of any building permits.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_