



BUSINESS COMPLIANCE CERTIFICATION APPLICATION

DEVELOPMENT SERVICES DEPARTMENT
150 SOUTH PALM AVE., RIALTO, CA 92376
BUILDING DEPARTMENT: (909)820-2505
FIRE DEPARTMENT: (909)820-2501

Expires 30 days after applying

PLEASE PRINT LEGIBLY/CLEARLY

Business Contact Information

Company/Business Name: _____ BCC No.: _____

Business Address: _____

Business Phone #: _____ Alternate Phone #: _____ Planned Start Date of Business: _____

Applicant Name: _____ Business Owner (if different): _____

Home Address or P.O. Box: _____

Email Address: _____

Business Information

Business Type: Residential Multi-Unit Commercial Multi-Unit Office Industrial

Business Description: _____

Total Square Footage Occupied: _____ Total Employees: _____ How Long Vacant: _____

Check all that apply: Sole Proprietor Partnership Corporation New Business
 Change of Ownership Change of Business Name Change of Use Additional Occupancy

Business Materials Used:

(Check all that apply. Indicate size, type, or quantity)

Acid Chemical Solvents Grease Medical Gas Flammables
 Explosive Materials Corrosive Materials Spray Finishes Cryogenic Materials

Quantity Used Per Month: _____ Quantity Stored Per Month: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sign: _____ Print Name: _____ Date: _____

Note: This certificate will not be approved and issued until all applicable permits, fees, inspections and required corrections have been completed. Please call the Fire Department for inspection when ready.

Official Use Only

Zoning: _____ Occupant Load: _____ Conditional Use Denied at above Location

Restrictive Uses: _____

Division Approvals	Initials	Print Full Name	Date
Planning			
Building			
Fire			