



# City of BELL GARDENS

7100 Garfield Avenue • Bell Gardens, California 90201 • 562.806.7700 • Fax 562.806.7720 • [www.bellgardens.org](http://www.bellgardens.org)

## BUSINESS LICENSE ZONING COMPLIANCE REQUEST

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
unit # city state zip code

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_  
city state zip code

Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

- New Business    
 Change of Ownership    
 New Business Name    
 Change of Address

Detailed Description of Business Activity on the Property: (Please attach additional sheet if necessary)

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|                                   |  |
|-----------------------------------|--|
| <b>Total Building Square Feet</b> |  |
| <b>Total Suite Square Footage</b> |  |
| Office Sq. Ft.                    |  |
| Commercial Sq. Ft.                |  |
| Manufacturing Sq. Ft.             |  |
| Warehouse Sq. Ft.                 |  |

|   |  |
|---|--|
| <b>Number of Employees</b><br>(including business owner(s)) |  |
| <b>Number of Parking Spaces Required</b>                    |  |
| <b>Number of Existing Signs</b>                             |  |

### Hours of Operation:

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |

I hereby certify that all information provided above is accurate and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

|   |  |
|---|--|
| <b>Office Use Only</b>                      |  |
| BLZC# _____                                 |  |
| Date Submitted _____                        |  |
| <input type="checkbox"/> PAID (\$72.00 Fee) |  |

Based upon the information provided, the following items are required. Final approval by the Community Development Department is NOT GRANTED until the items listed below and on-site inspections are completed.

The applicant shall comply with the following conditions of approval. Failure to comply with the conditions of approval may be a cause of the issuance of a citation by the City or possible revocation of the business license application.

- \_\_\_\_\_ 1. The applicant shall submit sign plans prior to the installation of any new signs on the property. The applicant shall obtain all required permits and approvals from the Community Development Department.
- \_\_\_\_\_ 2. Designated landscaping areas on the property shall be fully planted and adequately maintained at all times.
- \_\_\_\_\_ 3. Parking spaces shall be striped in accordance with approved City standards.
- \_\_\_\_\_ 4. The subject property shall remain free of any debris, junk and trash at all times.
- \_\_\_\_\_ 5. Outdoor display of merchandise shall be prohibited on the property at any time.
- \_\_\_\_\_ 6. Graffiti shall be removed from the property within 48 hours.
- \_\_\_\_\_ 7. Exterior building walls, planters and fences shall be repaired.
- \_\_\_\_\_ 8. Any illegal signs shall be removed from the property.
- \_\_\_\_\_ 9. Remove all real estate signs from the subject site once the property is occupied.
- \_\_\_\_\_ 10. \_\_\_\_\_
- \_\_\_\_\_ 11. \_\_\_\_\_
- \_\_\_\_\_ 12. \_\_\_\_\_

| <b>Office Use Only</b> |   |  |       |
|------------------------|---|--|-------|
| APN _____              | Zoning Designation _____                  | Use Classification _____               |       |
| Status:                | <input type="checkbox"/> <b>PERMITTED</b> | <input type="checkbox"/> <b>DENIED</b> |       |
| Approved by:           |   |  |       |
| _____                  | _____                                     | _____                                  | _____ |
| Planning Division      | Date                                      | Building & Safety Division             | Date  |



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182  
(909) 396-3529 • [http:// www.aqmd.gov](http://www.aqmd.gov)

## Air Quality Permit Checklist

California Government Code Section 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This Checklist will determine if you need to obtain clearance from the South Coast Air Quality Management District (AQMD).

Company Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Applicant (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Will the facility have any of the following equipment? Yes  No

Charbroiler

Dry cleaning machine

Spray booth

Printing press (screen/lithographic/flexographic)

Internal combustion engine greater than 50 HP (excluding motor vehicles)

Boiler/combustion equipment (greater than 1 million BTU/hr. maximum input)

Abrasive blasting cabinet/room

Baghouse/cartridge-type dust filter/scrubber

Motor fuel storage and dispensing equipment

- Will any of the following operations be performed? Yes  No

Application of paints or adhesives

Etching, plating, casting, or melting of metals

Molding, extruding, or curing of plastics

Mixing and blending of liquids and/or powders

Storage of acids, solvents, organic liquids, or fuels

Production of fumes, dust, smoke, or strong odors

**If you answered “No” to both questions, this checklist is your clearance from AQMD.** If you answered “Yes” to either question, you must contact AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call AQMD at their Small Business Assistance Office at **1-800-CUT-SMOG (1-800-288-7664)**.



## BUILDING AND SAFETY BUSINESS LICENSE QUESTIONNAIRE

Please answer the following questions:

Will you be doing any of the following modifications to the building to accommodate your business activities?

YES    NO

\_\_\_    \_\_\_    Will you be changing the use of the building. If so, what is the current use of the building? \_\_\_\_\_

\_\_\_    \_\_\_    Installing or moving any interior walls or altering any portion of the building

\_\_\_    \_\_\_    Installing or removing any plumbing fixtures or gas lines

\_\_\_    \_\_\_    Installing or moving any electrical equipment/machines or electrical components

\_\_\_    \_\_\_    Installing or modifying any ducts systems, HVAC, or exhaust fans

\_\_\_    \_\_\_    Installing storage racks 5'-9" or greater in height

\_\_\_    \_\_\_    Installing a spray booth

\_\_\_    \_\_\_    Will you be handling or storing any Hazardous Materials through the course of your business?

**If you checked YES to any of the above, you must obtain the required permits from the Building and Safety Division prior to starting the work.**

*Per BGMC Section 6.04.010, sub-section 106.1 Permits Required; No person shall erect, construct, enlarge, alter, repair, move, improve, remove, connect, convert, demolish, or equip any building, structure or portion thereof, or automatic fire protection system regulated by Chapter 9, perform any grading, or perform landscaping as regulated by Chapter 71, or cause the same to be done, without first obtaining a separate permit for each such building, structure, automatic fire protection system, grading or landscaping from the building official.*

If you have any questions, please contact the Building and Safety Division at (562) 806-7700.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_