



# Building & Safety/Business License Divisions

Mailing Address: 5050 N. Irwindale Ave., Irwindale, CA 91706

## Welcome to the City of Irwindale

The City of Irwindale welcomes you to the business community. We are pleased that you have selected our City for your business enterprise. We are here to assist you through the occupancy and business license process.

### **Business License Information**

The City of Irwindale requires a business license to operate any type of business in the City. You may not operate your business until such time that all City requirements are met, business license fees are paid, and you have been issued a business license. Any questions regarding business licenses should be directed to the Business License Division at (626) 430-2252. **The Business License Division is located at 16102 Arrow Hwy., Irwindale, CA 91706.** Our office hours are Monday - Thursday from 8:00 a.m. to 6:00 p.m.

### **Occupancy Permit Information**

#### ***Required for New Business Licenses and New Tenants/Building Occupancy***

Any business that proposes to occupy a building, space, or an empty lot within the boundaries of the City of Irwindale must apply for and obtain an Occupancy Permit from the Building & Safety Division prior to receiving your Business License. Any questions regarding occupancy permits should be directed to the Building & Safety Division at (626) 430-2205 or faxed to (626) 430-2295. **If you wish to visit the Building & Safety Division, we are located at 16102 Arrow Hwy., Irwindale, CA 91706.** Our office hours are Monday – Thursday from 8:00 a.m. to 6:00 p.m.

### **Applying for an Irwindale Business License**

The Occupancy Permit Application Packet consists of the following:

- a. City of Irwindale Building & Safety Application for Occupancy Permit
- b. Planning Department, Preliminary Zoning Approval Form
- c. South Coast, Air Quality Management District Form
- d. County of Los Angeles, Statement of Intended Use Forms

The **PROCESS** is as follows:

1. First, **fill out** the entire occupancy permit application packet.
2. Second, **take completed application to L.A. County Fire Department** for approval.
3. Third, **return packet to the Planning Department** for approval.
4. Once all approvals have been met, the **occupancy permit may be issued, with payment** to the City of Irwindale. **Cash or Checks ONLY!**
5. Once you have received your Occupancy Permit, you will be required to **call and schedule an inspection** with the County Building Inspector. Please call (626) 430-2254 to schedule an appointment.
6. After receiving approval from the County Building Inspector, please **bring the final, completed packet with signature and date to the Building & Safety Division** where the Building Permit Technician will stamp the signed permit “READY FOR BUSINESS LICENSE.”
7. Upon completion, you may fill out the business license application online at [www.irwindaleca.gov](http://www.irwindaleca.gov). The cost of the business license fee will be provided to you. Once the license fee is paid and all required documents are provided, the **Business License Clerk will process and mail out the business license.**



**CITY OF IRWINDALE  
BUILDING & SAFETY DEPARTMENT  
AGENCY REFERRAL FOR OCCUPANCY PERMIT**

**LOS ANGELES COUNTY FIRE DEPARTMENT**

**LAFD\* – Occupancy Permit**

Inspector Juan Robles  
Local Fire Prevention Office  
605 N. Angelino Ave.  
Azusa, CA 91702  
(626) 969-7876

Office Hours:  
Monday – Thursday  
8:00 – 10:00 a.m.

EXHIBIT "A"

CITY OF IRWINDALE  
BUILDING CODE FEE SCHEDULE

Effective January 1, 2013, Building Permit Fees in the City of Irwindale will be as follows:

1. In addition to the fees set forth in a, b, c, d, e, f, g, h, i, j and k below for issuance of each inspection application receipt. . . . .	\$	55.80
a. For a site inspection not otherwise covered herein by a fee and which is regulated by an Irwindale City Ordinance. . . . .	\$	849.60
b. For inspection of any use, occupancy or change in use or occupancy Group R or U Occupancy. . . . .	\$	441.00
Occupancy groups other than R or U		
Affected floor area:		
Up to 5,000 square feet. . . . .	\$	543.30
5,001 to 10,000 square feet. . . . .	\$	653.90
10,001 to 100,000 square feet. . . . .	\$	1,087.10
above 100,000 square feet. . . . .	\$	1,647.80
c. For inspection of the repair or rehabilitation of a building or structure declared substandard by notice filed with the Department of Registrar-Recorder the fee shall be as set forth in Table 3-A, but not less than. . . . .	\$	767.60
d. For inspection of the demolition of a building or structure (including sewage system termination). . . . .	\$	329.60
e. For inspection or reinspection of Group A, Division 4, structures, each. . . . .	\$	441.00
f. For inspection of structures or devices regulated by Chapter 66, the first inspection of the first structure or device. . . . .	\$	329.60
and for each additional structure or device . . . . .	\$	53.00
g. For application and investigation fee for relocation building permits as required by Chapter 34:		
Floor area: up to 2,500 square feet. . . . .	\$	878.20
2,501 square feet and above. . . . .	\$	1,756.40
h. For investigation and/or permit for trailer coaches required by Chapter 69. . . . .	\$	326.40
i. For inspections outside of normal business hours, per hour. . . . .	\$	198.00



# CITY OF IRWINDALE APPLICATION FOR OCCUPANCY PERMIT

PERMIT NO. \_\_\_\_\_ ASSESSOR I.D. NO. \_\_\_\_\_

**BUILDING ADDRESS:** \_\_\_\_\_ SUITE NO. \_\_\_\_\_ CROSS STREET \_\_\_\_\_  
(STREET ADDRESS/CITY/STATE/ZIP CODE)

**TENANT:** \_\_\_\_\_ TENANT'S PHONE NO. ( ) \_\_\_\_\_  
(BUSINESS NAME)

**SQUARE FOOTAGE:** \_\_\_\_\_ **NO. OF STORIES:** \_\_\_\_\_ **NO. OF EMPLOYEES:** \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_ **NO OF PARKING SPACES:** \_\_\_\_\_

**OCCUPANCY GROUP:** OFFICE WAREHOUSE RESTAURANT INDUSTRIAL RESIDENTIAL OTHER: \_\_\_\_\_

**BUILDING OWNER'S NAME:** \_\_\_\_\_ OWNER'S PHONE NO. ( ) \_\_\_\_\_  
(LAST NAME/FIRST NAME/BUSINESS NAME)

**ADDRESS:** \_\_\_\_\_ OWNER/BUILDER?:  YES  NO  
(STREET ADDRESS/CITY/STATE/ZIP CODE)

**APPLICANT:** \_\_\_\_\_ APPLICANT'S PHONE NO. ( ) \_\_\_\_\_  
(LAST NAME/FIRST NAME & BUSINESS NAME)

**ADDRESS:** \_\_\_\_\_ WORKER'S COMP. POLICY NO. \_\_\_\_\_  
(STREET ADDRESS/CITY/STATE/ZIP CODE)

## FOR OFFICE USE ONLY

PERMIT ISSUANCE FEE: \$ \_\_\_\_\_

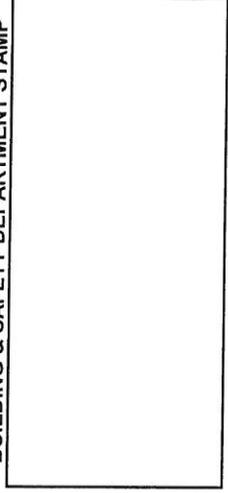
OCCUPANCY PERMIT FEE: \$ \_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

### FORM OF PAYMENT

CHECK  NUMBER \_\_\_\_\_  
CASH

BUILDING & SAFETY DEPARTMENT STAMP



**CITY OF IRWINDALE  
 PLIMINARY ZONING APPROVAL FORM  
 for  
 Occupancy Permit/Business License**

Before a business license application can be accepted applicant must receive preliminary zoning approval.

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

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Proposed Business Address: \_\_\_\_\_

Proposed Business Zone: \_\_\_\_\_

Description of Proposed Business (be specific): \_\_\_\_\_

\_\_\_\_\_

- 1) Will the business sell or prepare food or have any entertainment (i.e.: dancing, singing modeling...) Yes / No\*
- 2) Will the business use, sell, or store materials classified as toxic or hazardous by either the federal or state government as a substantial part of the total use? Yes / No\*
- 3) Will the business store materials, vehicles and/or equipment outdoors? Yes / No
- 4) Will the business sell or provide; **A) Alcohol** Yes / No **B) Sexually Oriented Materials** Yes / No **C) Live Entertainment** Yes / No

\*If you answered yes to any of the above please give full explanation: \_\_\_\_\_

\_\_\_\_\_

*I certify under penalty of perjury that the above information contained herein is true and complete to the best of my knowledge.*

Applicants signature \_\_\_\_\_

Date \_\_\_\_\_

If the preliminary zoning is not approved, a Business License and/or Occupancy and/or Tenant Improvement application will not be accepted until zoning approval is obtained.

<i>For office use only:</i>		
Approved _____	Denied _____	CUP Required Yes / No
Planner _____		Date _____
Code Enforcement _____		Date _____



# South Coast Air Quality Management District

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

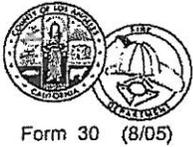
## Air Quality Permit Checklist

California State Law Code 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: ( ) \_\_\_\_\_  
Applicant (print name) \_\_\_\_\_ Signature: \_\_\_\_\_

- 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 2 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 (800)CUT-SMOG or (909)396-3529.



**COUNTY OF LOS ANGELES FIRE DEPARTMENT  
FIRE PREVENTION DIVISION**

**NOTICE TO PROSPECTIVE BUSINESSES  
STATEMENT OF INTENDED USE**

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the Fire, Building, and Life Safety Codes. To help us assess what particular laws apply to your business, please provide the following information:

**PART I – Building Information**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Number of Buildings: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**PART II – Questionnaire**

**Yes No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Will your store or handle an aggregate quantity <u>aerosol products</u> in excess of 500 lbs.?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you install or operate a stationary <u>lead-acid battery system</u> more than 100 gallons?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you produce dust or loose <u>combustible fibers</u> in excess of 100 cubic feet?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will you be storing more that 2500 cubic feet of <u>combustible materials</u> (boxes, rubber)?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will you store, handle or use <u>compressed gases</u> ? (Table 105-A)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will you produce, store or handle <u>cryogen</u> s? (Table 105-B)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will you engage in the business of <u>dry cleaning</u> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will you conduct an operation which produces <u>combustible dusts</u> (i.e. flour, magnesium)?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will you have any <u>explosives or blasting agents</u> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you store, handle, use or dispense <u>flammable or combustible liquids</u> ?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you store, transport on site, dispense, use or handle <u>hazardous materials</u> ? (Table 105-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Will you have over 500 square feet of <u>high-piled combustible storage</u> ? (>12 feet)              | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Will you store, handle or use <u>liquefied petroleum gases</u> (LPG)?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Will you melt, cast, heat treat or grind more than 10 lbs. of <u>magnesium</u> ?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Will you have a motor vehicle <u>fuel-dispensing station</u> ?  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 16. Will you manufacture more than 1 gallon of <u>organic coating</u> per day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Will you operate an <u>industrial baking or drying oven</u> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Will you operate a <u>place of assembly</u> (Drinking, Dining, or Gathering) for more than 50 people?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Will you store or handle <u>radioactive materials</u> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Will you have a <u>refrigeration</u> system with >220 lbs. Group A1 or >30 pounds of any other refrigerant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Will you operate a <u>repair garage</u> for servicing or repairing automobiles?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Will you be conducting <u>hot work</u> (welding, cutting or use flame producing devices or torches)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Will you <u>apply flammable or combustible liquids</u> (Spray booth, Dip tank, Powder Coating, Rolling)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Will you store over 1000 cubic feet of <u>tires</u> in an outside area?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Will you <u>store, lumber, wood chips, hogged material or plywood</u> in excess of 200 cubic feet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is your building equipped with automatic fire sprinklers? If YES then:  | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Calculated sprinkler system _____ GPM/SqFt _____ Design Area (i.e. .3/3000)<br>(Density and certification information can usually be found on labels on the main sprinkler system riser for each system) |                          |                          |
| b) Pipe Schedule (non-calculated) sprinkler system, Date system installed _____   |                          |                          |
| c) Early Suppression Fast-Response (ESFR) sprinkler system _____ PSI ESFR K Factor _____  |                          |                          |
| d) Other type Sprinkler System – list type and location: _____  |                          |                          |
| e) Date of last sprinkler system 5 year certification (Title 19 CCR) – LA County Form 410C: _____   |                          |                          |
| f) Fire sprinkler alarm monitoring company: _____   |                          |                          |
| 27. Is your building equipped with automatic fire detection (smoke detector, heat detector, manual pull)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Date of last alarm system certification: _____   |                          |                          |
| b) Alarm monitoring company: _____  |                          |                          |

**PART III – Intended Use Statement**

1. Number of employees: \_\_\_\_\_
2. Hours of operation: \_\_\_\_\_ To \_\_\_\_\_
3. Describe the method of disposing of combustible or hazardous waste materials.

---



---

4. **SUBMIT LETTER:** Submit a signed, legible letter (preferably type written and on your company's letterhead) stating your intended use for the property. In the letter, describe materials you will be storing and using on the property. Explain the method of storage (e.g. racks, pallets), storage dimensions, and where the materials will be located on the property. Describe how you will be using the materials. Explain any alterations to the building that are planned. (See attached example).
5. **SUBMIT SITE PLAN/FLOOR PLAN:** Submit site plan drawn to rough scale showing the property size and location, building size and location on property: both in square feet. Show all exit doors, fire extinguishers, fire hose cabinets, special fire or life safety systems, and any item(s) marked "yes" in Part II. (See attached example).

6. **FIRE EXTINGUISHER REQUIREMENTS:**

- Light Hazard occupancy (office, classrooms, medical offices, etc.) Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 6000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point.
- Ordinary Hazard occupancy (mercantile storage, dining areas, and display, warehouses, light manufacturing) Provide a minimum of (1) 2A20BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 3000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point.
- Extra Hazard occupancy (Hazardous Materials, flammable liquid, vehicle repair, cooking areas, woodworking uses) Provide a minimum of (1) 4A40BC rated fire extinguisher mounted in an accessible conspicuous area. One extinguisher is required for every 2000 square feet and the travel distance to a fire extinguisher shall not exceed 50 feet from any point.
- Kitchen Hood System -- One Class K fire extinguisher shall be placed within 30 feet of all grease cooking operations in a commercial kitchen. (No "A or C" rating shall be mounted near kitchen hood system.) (ABC multi-purpose fire extinguishers may compromise the powder in fixed kitchen hood systems.)

---

NOTE: These are typical minimum requirements. The inspector may require more fire extinguishers due to special operations or processes being used. For example spray booths, special electrical hazards, exotic metals, and other situations will require increased protection.

---

7. **HAZARDOUS MATERIALS DECLARATION**

- THIS BUILDING WILL USE HAZARDOUS MATERIALS IN EXCESS OF NON-REPORTABLE AMOUNTS.
- THIS BUILDING WILL NOT USE HAZARDOUS MATERIALS OR USES NON-REPORTABLE AMOUNTS.

**NON-HANDLER DECLARATION**

A hazardous material may be broadly defined as any material that because of its quantity, concentration, or physical or chemical characteristics; poses a significant, present, or potential hazard to human health and safety, property, or to the environment. A hazardous material includes, but is not limited to any substance or material which the handler or the administering agency has a reasonable basis for believing would be injurious a person's health and safety or harmful to the environment if released into the work place or surrounding areas.

By signing below, I declare that the above named business, organization, or occupant will not handle a hazardous material or mixture containing hazardous material which has a quantity at any one time during the reporting year equal to, or greater than, a total weight of 500 pounds, or a total of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas.

Print Name and Title of Declarer: \_\_\_\_\_ Date: \_\_\_\_\_

Declarer Signature: \_\_\_\_\_ Fire Department Representative: \_\_\_\_\_

**PART IV – High Piled Combustible Storage:**

In Article 2 of the County of Los Angeles Fire Code, high pile combustible storage is defined as: Storage of combustible materials [product and/or packaging] in closely packed piles (floor storage) or combustible materials on pallets, in racks, or on shelves where the top of storage is **greater than 12 feet in height**. High piled combustible storage also includes certain high hazard commodities, such as rubber tires, group A plastics, flammable liquids, idle pallets, and similar commodities, where the top of the storage is greater than 6 feet in height.

It is very important to contact a fire inspector prior to consideration of storing high-piled combustible storage. Many of the permit requirements must be built into your building. If your building is not approved for high-piled combustible storage it may be cost prohibitive. For example; if you have a pipe schedule sprinkler system – no high piled storage is permitted until the system is calculated. A fire inspector can assist you with fire department requirements.

- THIS BUILDING WILL NOT BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE.
- THIS BUILDING WILL BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE. "Permit is Required." Contact a Fire Inspector for permit requirements.

THIS BUILDING IS A SPECULATION BUILDING WITHOUT A TENANT AT THIS TIME. The tenant will be notified to contact the fire department prior to use of the building.

---

---

TO OBTAIN A STAMP FROM THE FIRE DEPARTMENT YOU MUST BRING THE FOLLOWING ITEMS TO THE JURISDICTIONAL FIRE PREVENTION OFFICE:

- THIS COMPLETED FORM
- A SIGNED, LEGIBLE LETTER (PART III, NUMBER 4.)
- A SITE PLAN/FLOOR PLAN (PART III, NUMBER 5.)

**FIRE DEPARTMENT STAMP:**

THE FOLLOWING PERMITS ARE REQUIRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ PERMIT INFORMATION SHEETS WILL BE PROVIDED FOR REQUIRED PERMITS. (Permit Information Sheets are also available for viewing on our website. Go to [www.lacofd.org](http://www.lacofd.org), under Fire Prevention Division look for "Permit Requirements".)
- ◆ PERMITS WILL ONLY BE ISSUED BY A FIRE INSPECTOR. PLEASE CONTACT YOUR FIRE INSPECTOR TO SCHEDULE AN INSPECTION.

County of Los Angeles Fire Department  
Occupant Emergency Information

Please type or neatly print!  
See reverse side for explanations

**GENERAL INFORMATION:**

Business Name: \_\_\_\_\_

DBA/AFA/FKA: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

new construction, name change, or ownership change: \_\_\_\_\_

a new occupant moving in and the previous occupant/business has moved out \_\_\_\_\_

sharing the above address with another occupant/business by the name of: \_\_\_\_\_

Mailing Address (only if different than above): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Generic E-mail: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Senior Person: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Property Use: \_\_\_\_\_

Hazardous Material: \_\_\_\_\_

Notes/Special Concerns: \_\_\_\_\_

Thomas Guide: \_\_\_\_\_ Cross Street: \_\_\_\_\_

City License/Permit #: \_\_\_\_\_ Zone: \_\_\_\_\_ Fire Station #: \_\_\_\_\_

Water Company : \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**PROPERTY INFORMATION:**

Landlord/Property Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Occupancy Code: \_\_\_\_ Roof Type: \_\_\_\_\_ SQFT: \_\_\_\_\_ Stories: \_\_\_\_\_ High Piled: \_\_\_\_ Fire Sprinklers: \_\_\_\_

Basement: \_\_\_\_ Target Hazard: \_\_\_\_ HM Handler: \_\_\_\_ FD Permit: \_\_\_\_

**EMERGENCY CONTACT INFORMATION: (24 Hour number – usually home phone)**

1st Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2nd Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3rd Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Big Ben Furniture Company  
1000 South Anyplace  
Your City, CA 00000

April 26, 2002

To Whom It May Concern:

The following information is in answer to your request regarding the business operation to be conducted at the above address.

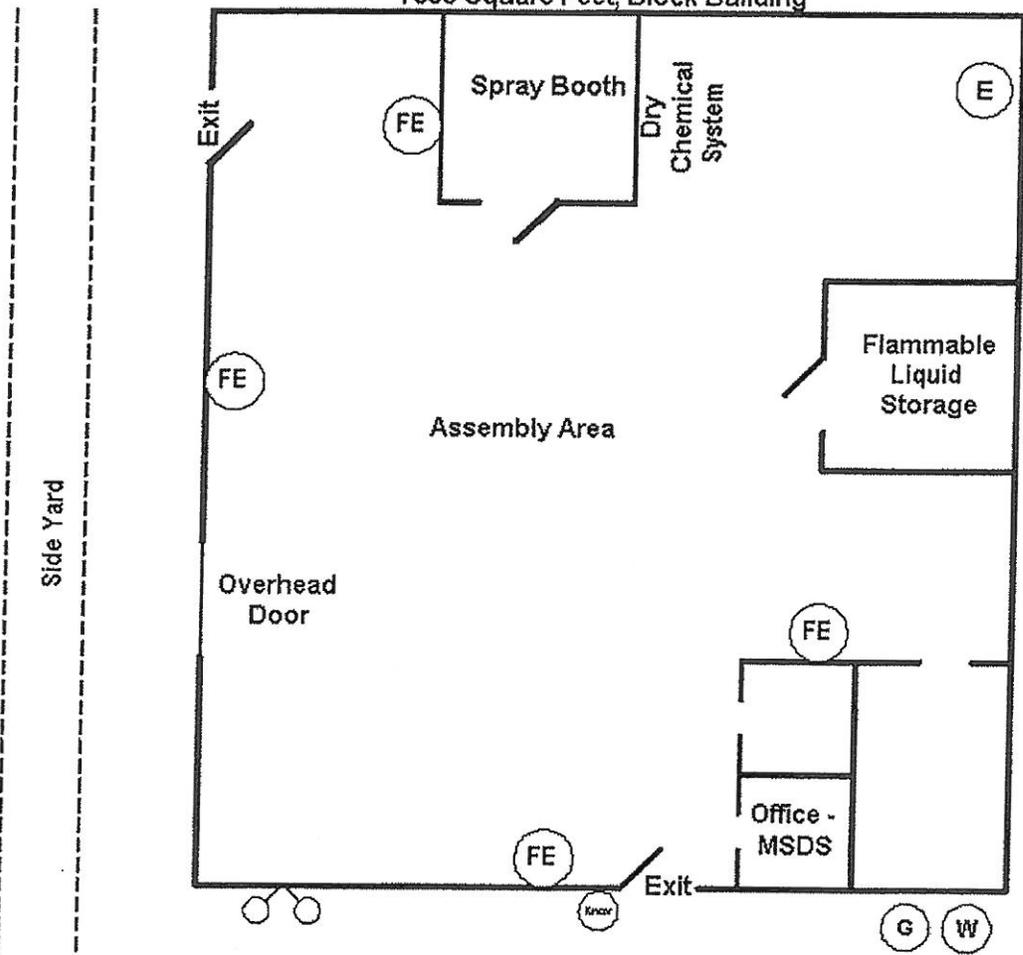
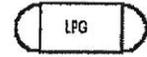
1. Operations conducted in the building are as follows:
  - a) Upholstery – manufactures loose cushions for wood and metal furniture as well as some fully upholstered furniture.
  - b) Plastic furniture – manufacture plastic furniture out of extruded plastic tubing. Operations include cutting, thermoforming and assembly.
  - c) Spray painting – painting of all necessary items. All spray painting to take place in spray booth.
  - d) Warehousing of wood and metal furniture components.
  - e) General office activities.
2. See attached plot plan.
3. Materials to be stored include the following
  - a) Metal and wood furniture frames stacked upon themselves
  - b) Wood furniture parts palletized
  - c) Upholstery materials in racks 6 feet high.
  - d) Plastic tubing and furniture parts in racks 6 feet high.
4. Materials are stored both in racks, on pallets, and free standing. Maximum height of storage is 10 feet.
5. No alterations are planned at this time.

Sincerely,

John J. Jones  
President

JJJ:ab

Gary's Auto Body  
 17056 Gale Ave, Industry  
 7500 Square Feet, Block Building



# SAMPLE FLOOR PLAN

Gale Avenue

- G Gas Shut-Off
- FE Fire Extinguisher
- Knox Access Keys
- W Water Shut-Off
- E Electrical Panel