

# CITY OF BARSTOW

## Occupancy Classification and Business License Review Form

Zone: \_\_\_\_\_

DBA: \_\_\_\_\_

**Business Name**

Change of Ownership \_\_\_\_\_

New Location \_\_\_\_\_

New Business \_\_\_\_\_

	Business Information	Applicant Information	Property Owner Information
Name:	_____	_____	_____
Address:	_____	_____	_____
City:	_____	_____	_____
Phone:	_____	_____	_____
	_____	_____	_____

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

Phone Number: \_\_\_\_\_

Description of Business, Including Equipment and Materials Sold:

---



---



---

**Will the following activities / actions occur - ( Please Check Yes or No )**

	NO	YES
Warehouse / Wholesaling	_____	_____
Flammable Liquids ( Storage, Handling, Use )	_____	_____
Dust Producing Operations ( e.g., Wood Working )	_____	_____
Plastic ( Storage, Handling, Use )	_____	_____
Compressed Gas Including Oxygen ( Storage, Handling, Use )	_____	_____
<b>IS THE ABOVE FLAMMABLE?</b>	_____	_____
High Piled Combustible Storage ( over 6' )	_____	_____
Vehicle Repair or Maintenance Facilities	_____	_____
Proposed Outside Storage Including Vehicles	_____	_____
Public Assembly / Education	_____	_____
Proposed Building Alterations / Additions	_____	_____
Use of Hazardous Material ( See Definitions Below )	_____	_____
Toxic      _____Yes    _____No	Reactive    _____Yes    _____No	
Ignitable    _____Yes    _____No	Corrosive    _____Yes    _____No	

**DEFINITIONS:**

**TOXIC:** Exposure to wastes which can produce acute and chronic damage to health. Such wastes include, but are not limited to pesticides or heavy metals.

**REACTIVE:** Materials that react vigorously with air or water. Such wastes include, but are not limited to, obsolete munitions wastes from manufacturing dynamite or firecracker and certain chemical wastes which may explode and generate toxic fumes.

**IGNITABLE:** Wastes which are hazardous because of their tendency to undergo spontaneous combustion.

0

**CORROSIVE:** Wastes which can eat away at standard container materials or living tissues through chemical action. Such wastes include, but are not limited to, acids, alkaline cleaning agents and battery manufacturing residues.

**WILL ANY OF THE FOLLOWING PRODUCTS OR SERVICES BE SOLD OR PROVIDED?**

**PLEASE CHECK YES OR NO TO THOSE THAT APPLY**

Adult Films or Tapes	_____	Non-Controlled Drugs	_____
Adult Books or Magazines	_____	Tattoos	_____
Drug Paraphernalia	_____	Adult Motels	_____
		If Motel / Hotel, Number of Units:	_____
		If Laundry, Number of Machines	_____

**Explain any item on this page that your have marked " Yes" Below**

---



---



---

# OFFICE USE ONLY

## Planning Department Preliminary Review

Development Permit Required \_\_\_\_\_ C.U.P. Required \_\_\_\_\_  
Temporary Events Permit Required \_\_\_\_\_ Redevelopment Area \_\_\_\_\_  
Downtown Redevelopment Area \_\_\_\_\_

PRELIMINARY:	Approval	Initial	_____	Date	_____
	Denial	Initial	_____	Date	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ All Signs Subject to Separate Review and Permits.  
\_\_\_\_\_ Signs shall comply with the Approved Sign Program ( REF; File \_\_\_\_\_  
\_\_\_\_\_ All Operations Shall be Within an Enclosed Building with No Outside Storage Permitted  
\_\_\_\_\_ Downtown Guidelines Shall be Complied with Guidelines sent to Application: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Building Department Preliminary Review

Submittals Required:  
\_\_\_\_\_ Change in Occupancy - Submit Complete Plans  
\_\_\_\_\_ Check Address File for Known Violations.  
\_\_\_\_\_ Submit Floor Plans Showing All Uses.  
\_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUILDING DEPT.** Preliminary Approval Complete / Ok to Scheduled Inspection

Initial \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Inspection Scheduled for: Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspection Item Checked: \_\_\_\_\_

Inspector Approval	_____	Date:	_____
Use Classification	_____	Building Permit #	_____
Sewer Use Fee	_____	Zoning:	_____
Construction Type	_____		
Final Approval	_____	Date:	_____