City of Chino Hills
Community Development Department
Building Division
14000 City Center Drive
Chino Hills, CA 91709
(909) 364-2780 Fax (909) 364-2795
www.chinohills.org

TENANT IMPROVEMENT APPLICATION & CHECKLIST

This application is required to verify compliance of design standards and conditions of approval for approved projects.

APPLICATION FEE: Refer to the Community Development Fee/Deposit Schedule for application fee amounts.

Application Date: _____ Square Footage of Tenant Space: _____

Tenant Name: _____

Tenant Address: _____
(Include Suite #)

Project Owner: _____ Phone #: _____

Fax #: _____

Owner's Address: _____

Applicant's Name: _____ Phone #: _____
(Contact Person)

Fax #: _____

Applicant's Address: _____

Contractor's Name: _____ Phone #: _____

Contractor's License #: _____ Fax #: _____

Engineer's Name: _____ Phone #: _____

Engineer's Address: _____ Fax #: _____

Architect's Name: _____ Phone #: _____

Architect's Address: _____ Fax #: _____

Scope of Work: _____

Submittal Requirements:

	Needed	Provided	Not Applicable
Application Fee			
Two (2) complete sets of plans wet stamped and signed with attachments			
All proposed roof mounted equipment requires structural calculations that show the existing roof framing system is capable of supporting additional load(s) and must be architecturally screened.			
Plans need to be prepared to a standard scale			
Site plan that shows all property lines, impervious surfaces, structures, parking, and is drawn to scale			
Floor Plan			
Interior partition bracing detail			
Framing sections			
Energy Analysis – Compliance method and load calculations			
Mechanical Plans			
Plumbing Plans. When adding additional plumbing fixtures, impact fees may be incurred.			
Electrical Plans			
North Arrow			
Provide and label suite dimensions			
Clearly show existing vs. proposed: ❑ Walls / Partitions ❑ HVAC Equipment ❑ Plumbing Fixtures			
Notice of Intent (See Attached)			
Chino Valley Independent Fire District (909) 902-5280			
Environmental Health (909) 884-4056			

Clearances are required from the following agencies prior to permit issuance:

Chino Valley Independent Fire District (909) 902-5280
Environmental Health (909) 884-4056

Permits are required for the following:

- Moveable cases more than 6' in height
- Shelving units/gondolas more than 6' in height

- For additions of walls
- Removal of bearing walls or non-bearing demising walls between two or more spaces
- Changes made to the electrical, plumbing or mechanical systems
- Counters

Permits are not required for the following:

- Moveable cases less than 6’ in height
- Shelving units/gondolas less than 6’ in height
- Partitions under 5’9”

Fees may be assessed by other agencies such as:

Inland Empire Utility Agency	909-993-1600
Chino Valley Unified School District	909-628-1201

I hereby certify that I have provided the required submittal documents and understand all requirements:

Signature: _____ Print Name: _____

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NOTICE OF INTENT

1. Business Name: _____

2. Business Address: _____

3. Business Description: _____

4. Indicate total number of employees: _____ (total) _____ (per shift)

5. Indicate total square feet of space: _____

6. Will the business involve food preparation? _____ Yes _____ No (If Yes, please complete)

   a. Describe method(s) of food preparation: _____
   (i.e. fry, bake, grill, etc.)

   b. Take out Only? ____ Yes ____ No

   c. Dine in <u>and</u> take out? ____ Yes ____ No

   d. Will waiter/waitress service be provided? ____ Yes ____ No

7. If this is a medical use, provide exact description and type of service provided:

   _____

   _____

   a. Will x-ray equipment be used? Yes No

   b. Will patients be at any time incapable of unassisted self-preservation?
   Yes No

   c. Will patients have mobility impairments? Yes No

8. Will the business involve the sale of alcoholic beverages? ____ Yes ____ No

   a. On-site consumption? ____ Yes ____ No

   b. Age restricted? ____ Yes ____ No

9. Will the business involve the sale or service of automobile or automotive products? ____ Yes ____ No

For Office Use Only:	Applicant Information:
Building Approval _____	Contact Name _____
Planning Approval _____	Signature _____
Occupant Load _____	Date _____ Phone _____