



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 (909) 364-2740 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 Date: _____ Square Footage of Tenant Space: _____

PROJECT INFORMATION

Tenant Name: _____

Tenant Address (Include Suite #): _____

Project Owner: _____ Phone Number: _____

Project Owner's Address: _____

Scope of Work: _____

APPLICANT INFORMATION

Name: _____ Phone Number: _____ Email: _____

Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____

License Number: _____ Phone Number: _____

Scope of work: _____

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

Signature

Print Name

Date

SUBMITTAL REQUIREMENTS

- Application fee
- Two (2) complete sets of plans wet stamped and signed with attachments
- One (1) digital PDF copy of plans on flash/thumb drive only
- 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
- All proposed roof mounted equipment must show a cross-section of how equipment will be architecturally screened from any public street or parking lot
- 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

Applications and fees are subject to change. Please visit our website for the most current version of this application.

- 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 Permit or proof of no review required (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
- If your tenant space is located within The Shoppes at Chino Hills, applicant must first receive approval from The Shoppes management. Please contact Bubba Rhodes for more information at (909) 334-1386 ext.11.

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



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CITY USE ONLY	
Building Approval:	
Planning Approval:	
OCC Group:	OCC Load:

NOTICE OF INTENT

Application Date: _____

PROPOSED BUSINESS INFORMATION

Business Name: _____

Business Address (Location): _____

Business Description: _____

Owner's Name: _____ Phone Number: _____

Total Number of Employees: _____ (Total) _____ (Per Shift)

Total Square Feet of Space: _____

Is this business being relocated from another location in Chino Hills? Yes No

IF YES: Previous Business Address: _____

Is previous location being vacated? Yes No

Is proposed business expanding into another suite? Yes No

IF YES: What was previous suite number? _____ What is new suite number? _____

What is new suite number? _____

Will the business involve food preparation? Yes No

IF YES: Describe Method(s) of Food Preparation (i.e., fry, bake, grill, etc.) _____

Take-out Only? Yes No Dine-in and Take-out? Yes No

Will waiter/waitress service be provided? Yes No

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

IF YES: Will x-ray equipment be used? Yes No

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

Will patients have mobility impairments? Yes No

Will the business involve the sale of alcoholic beverages? Yes No

IF YES: On-site consumption? Yes No Age-restricted? Yes No

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

Is this the only business within this lease area/suite? Yes No

IF NO: Please provide names of other businesses located within this lease area/suite: _____

I hereby agree that the operation of this business will not violate any provision of the Chino Hills Municipal Code, or any other City ordinance, or any State of California law or any Federal law. I hereby understand and agree that if at any time this business violates any City Ordinance and/or Code or any State of California law or Federal law that it will cease operation until such time that any violation has been addressed to the satisfaction of the City, State, and/or Federal Government.

Signature

Print Name

Date

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