



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, **once approved** uploaded to this link:  
<https://owncloud.chinohills.org/index.php/s/plnSCAnUfGliYm0>
- 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.
  - If roof mounted equipment is proposed, provide elevations/cross sections and include the type of screening material.
  - If proposing to change the color/materials on any elevation, provide colored elevations and list of materials.

- 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 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 / CERTIFICATE OF OCCUPANCY

This information is necessary for the review and issuance of a Certificate of Occupancy when starting a new business, moving a business, or changing ownership of an existing business.

### PROPOSED BUSINESS INFORMATION

Business Name (dba): \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Detailed Description of Operations: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Total Per Shift: \_\_\_\_\_

### LOCATION INFORMATION

Location Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Center Name: \_\_\_\_\_

Previous Tenant (if known): \_\_\_\_\_

Total Square Feet of Space: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Management Company:  
 (If different than property owner) \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS OWNER(S) INFORMATION *(Attach additional sheet if necessary)*

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**APPLICATION CONTINUED ON NEXT PAGE**

**QUESTIONNAIRE:**

1) Is the business being relocated from another location in Chino Hills?  Yes  No

**IF YES:** Previous Address: \_\_\_\_\_

2) Is proposed business expanding into another suite?  Yes  No

**IF YES:** List **ALL** suite numbers business will occupy? \_\_\_\_\_

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

**IF NO:** Provide name(s) of **ALL** businesses located within this lease area/suite:  
\_\_\_\_\_

4) Will food be prepared on-site?  Yes  No

**IF YES:** Describe method(s) of food preparation (i.e., fry, bake, grill, etc.)  
\_\_\_\_\_

5) How will food be served: (*check all that apply*): Dine-in  Take-out  Drive Thru  N/A

6) Will alcohol be sold?  Yes  No

**IF YES:** Type (*check all that apply*)?  Beer  Wine  Liquor  
Area of Consumption (*check all that apply*):  On-Premises  Off-Premises

7) Will alcohol (beer, wine, liquor) be produced on-site?  Yes  No

8) Will entry to the business be restricted to persons 21 years of age and over?  Yes  No

9) Will massage services be provided?  Yes  No

**IF YES:** Type (*check all that apply*)?  Full Body  Face  Foot

Who will perform the massage services (*Check all that apply*)?

**IF FULL BODY:** (*Provide proof of licensure or certification for ALL persons performing massage services*)

Licensed Physician  Licensed Acupuncturist  Licensed Chiropractor  
 Registered Nurse  Licensed Physical Therapist  Certified Massage Technician

10) Is this is a medical use?  Yes  No

**IF YES:** Provide exact description and type of service(s) provided: \_\_\_\_\_  
\_\_\_\_\_

Will X-Ray/MRI/CT 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

11) Will the business involve the sale of vehicles?  Yes  No

**APPLICATION CONTINUED ON NEXT PAGE**

12) Will the business involve the mechanical repair/service of vehicles?  Yes  No

13) Will the business involve body repair or painting of vehicles?  Yes  No

**A Certificate of Occupancy will be required before you can occupy your business space and open for business. Your Certificate of Occupancy must be approved by both the Planning and the Building and Safety Divisions. If you are the first occupant in a new building, utilities will not be released until a Certificate of Occupancy is issued. In addition, you will need to obtain a Certificate of Occupancy prior to applying for a Business License.**

**NOTE: Depending on the type of business proposed the Community Development Department may be required to refer an applicant to other agencies for approval prior to issuance of a Certificate of Occupancy. Upon receipt of the above the Building Division will schedule an inspector to visit the site and review your application. When all agency approvals are received a Certificate of Occupancy will be issued.**

### **CERTIFICATION**

By signing below, I certify under the penalty of perjury:

- 1) The business will only provide the functions/services described here-in and attached here-to, and that the operation of the business will not violate any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law.
- 2) That, if at any time, the business operates outside of the described functions/services, or violates any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law, the City may require the business to 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

### **SUBMITTAL REQUIREMENTS: All of the documents below are required at time of submittal**

- One (1) Copy** - Notice of Intent Application
- One (1) Copy** - [Business Plan](#) or Statement of Operations.  
Plan must include, at minimum,
  - List of **all** functions/services being offered/performed **and** the level of staff assigned to perform them;
  - Description of any/all merchandise for sale; and
  - Method(s) of customer contact (i.e.: in-person, online, phone, etc.).
- One (1) Copy** - Completed [Business License Application](#)
- One (1) Copy** - Site Plan showing location of proposed business within shopping center
- One (1) Copy** - Floor Plan of Lease Area  
Plans must be to a standardized scale (1/8-inch per foot recommended) and include all walls, partitions, counters, shelves, displays, equipment etc. Indicate height of all shelving. Show all door locations, width and direction of swing, Show restroom facilities and all fixtures within. Show/indicate the height of all components that must meet accessibility requirements (i.e. fixed customer service counters, dining/bar counters, plumbing fixtures). If alterations, changes or construction is planned, tenant improvement plans must be submitted to Building & Safety and Fire department for plan check.