



# COMMERCIAL BUILDING PERMIT APPLICATION B-2

Plan Check \_\_\_\_\_  
Est. Value \_\_\_\_\_  
PC Deposit \_\_\_\_\_  
Date \_\_\_\_\_

Job Address \_\_\_\_\_ Suite: \_\_\_\_\_ APN: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Year Built: \_\_\_\_\_ Occupancy: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Fire Sprinklers: yes no A/C: yes no

### BRIEF DESCRIPTION OF WORK:

**Addition/New:** \_\_\_\_\_ New SF and Use, \_\_\_\_\_ New SF and Use, \_\_\_\_\_ Deck SF, \_\_\_\_\_ Patio Cover SF (not including flatwork)

**Tenant Improvement:** \_\_\_\_\_ SF, Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_  
 \_\_\_\_\_ SF, Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

**Pool/Spa:** \_\_\_\_\_ SF Additional Gas or Electrical Features? \_\_\_\_\_

**Solar:** \_\_\_\_\_ KW, \_\_\_\_\_ Modules, \_\_\_\_\_ Mounted, Tilt: Yes / No, RMA: Yes / No, Panel Upgrade: Yes / No

**Plumbing/Mechanical/Electrical Only:** \_\_\_\_\_

**Other:** \_\_\_\_\_

This permit is to be issued in the name of the Property Owner as Owner-Builder, licensed contractor or Authorized Agent of the owner or contractor. The person listed as the Applicant below will be the main point of contact throughout the permit process.

|                                     |   |   |   |
|-------------------------------------|---|---|---|
| <b>PROPERTY OWNER</b>               | <b>APPLICANT</b> <input type="checkbox"/> | <b>PROPERTY OWNERS AUTHORIZED AGENT</b> | <b>APPLICANT</b> <input type="checkbox"/> |
| Name: _____                         | Name: _____                               | Name: _____                             | Name: _____                               |
| Address: _____                      | Address: _____                            | Address: _____                          | Address: _____                            |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____       | City: _____ State: _____ Zip: _____     | City: _____ State: _____ Zip: _____       |
| Phone: _____                        | Phone: _____                              | Phone: _____                            | Phone: _____                              |
| Email: _____                        | Email: _____                              | Email: _____                            | Email: _____                              |

|                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <b>DESIGN PROFESSIONAL</b>          | <b>APPLICANT</b> <input type="checkbox"/> | <b>CONTRACTOR BUSINESS</b>          | <b>APPLICANT</b> <input type="checkbox"/> |
| Name: _____                         | Name: _____                               | Name: _____                         | Name: _____                               |
| Address: _____                      | Address: _____                            | Address: _____                      | Address: _____                            |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____       | City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____       |
| Phone: _____                        | Phone: _____                              | Phone: _____                        | Phone: _____                              |
| Email: _____                        | Email: _____                              | Email: _____                        | Email: _____                              |
| Architect State License: _____      | State License: _____                      | Bus. License: _____                 |   |

**IDENTIFY WHO WILL PERFORM THE WORK BY COMPLETING (OPTION A) OR (OPTION B) BELOW:**

**(OPTION A): LICENSED CONTRACTOR DECLARATION:**

*I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. I also affirm under penalty of perjury one of the following declarations:*

- I have and will maintain a certificate of consent to self-insure for workers' compensation provided by Section 3700 of the Labor Code, for the performance of the work which this permit is issued. **Policy No.** \_\_\_\_\_
- I have and will maintain worker's compensation, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: **Insurance Company Name:** \_\_\_\_\_  
**Policy No.** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_
- Certificate of Exemption: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation Laws of California. **WARNING: Failure to secure workers compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to \$100,000.00, in addition the to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest and attorney's fees.**

**CONSTRUCTION LENDING AGENCY, IF ANY:**

I hereby affirm that there is a construction lending agency for the performance of the work this permit is issued (Sec. 3097 (i) Civil Code).

**Lender's Name:** \_\_\_\_\_ **Lender's Address:** \_\_\_\_\_

**CONTRACTOR PRINT:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(OPTION B): OWNER-BUILDER DECLARATION:**

*I hereby affirm that I am exempt from Contractor's License Law for the following reason:*

- I, as owner of the property or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with contractor(s) licensed pursuant to the Contractor's License Law).
- I am exempt under Business and Professions Code Division 3, Chapter 9, Article 3 for this reason:  
\_\_\_\_\_
- "Owner Builder acknowledgement and verification form" has been filled out, signed and attached to this application. **Proof of identification attached.**
- Owners "Authorized Agent Form" has been filled out, signed and attached to this application *giving the agent authority to obtain the permit on the owner' behalf.* **Proof of identification attached.**

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. *I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.*

**OWNER PRINT:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT CERTIFICATION: SIGNATURE REQUIRED AT THE TIME OF SUBMITTAL**

*By my signature below, I certify that: I am the property owner or State of California Licensed Contractor or authorized to act on the property owner or contractor's behalf. I certify that I have read the application and state that the above information is correct and that the information on the plans is accurate. I agree to comply with all City ordinances and State laws relating to building construction.*

*I hereby authorize representative of the City of Carlsbad to enter upon the above mentioned property for inspection purposes. I ALSO AGREE TO SAVE, INDEMNIFY AND KEEP HARMLESS THE CITY OF CARLSBAD AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY IN CONSEQUENCE OF THE GRANTING OF THIS PERMIT. OSHA: An OSHA permit is required for excavations over 5'0' deep and demolition or construction of structures over 3 stories in height.*

**APPLICANT PRINT:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**OWNERS  
AUTHORIZED  
AGENT FORM  
B-62**

Development Services

**Building Division**  
1635 Faraday Avenue  
760-602-2719  
www.carlsbadca.gov

## OWNER'S AUTHORIZED AGENT FORM

*Only a property owner, contractor or their authorized agent may submit plans and applications for building permits. To authorize a third-party agent to sign for a building permit, the owner's third party agent **must bring this signed form**, which identifies the agent and the owner who s/he is representing, and for what jobs s/he may obtain permits. The form must be completed in its entirety to be accepted by the City for each separate permit application.*

**Note: The following Owner's Authorized Agent form is required to be completed by the property owner only when designating an agent to apply for a construction permit on his/her behalf.**

**AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF**

Excluding the Property Owner Acknowledgement, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): \_\_\_\_\_

Project Location or Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Tel No. \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CLIMATE ACTION PLAN CONSISTENCY CHECKLIST B-50

## PURPOSE

This checklist is intended to assist building permit applicants identify which Climate Action Plan (CAP) ordinance requirements apply to their projects. Unless none of the requirements apply, the completed checklist must be included in the building permit application. It may be necessary to supplement the completed checklist with supporting materials, calculations or certifications, to demonstrate full compliance with CAP ordinance requirements. For example, projects that propose or require a performance approach to comply with energy-related measures will need to attach to this checklist separate calculations and documentation as specified by the ordinances.

- ▲ If an item in the checklist is deemed to be not applicable to a project, or is less than the minimum required by ordinance, an explanation must be provided to the satisfaction of the Building Official.
- ▲ Details on CAP ordinance requirements are available on the city's [website](#).

### Application Information

Project Name/Building Permit No.: \_\_\_\_\_ BP No.: \_\_\_\_\_

Property Address/APN: \_\_\_\_\_

Applicant Name/Co.: \_\_\_\_\_

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

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

Contact information of person completing this checklist (if different than above):

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Company name/address: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# City of Carlsbad Climate Action Plan Consistency Checklist

Use the table below to determine which sections of the Ordinance Compliance checklist are applicable to your project. For residential alterations and additions to existing buildings, contact the building counter for the building permit valuation.

Building Permit Valuation (BPV) \$ \_\_\_\_\_

| Construction Type   | Complete Section(s)             | Notes:  |
|---|---------------------------------|---|
| <b>Residential</b>  |                                 |   |
| <input type="checkbox"/> New construction                 | 1A                              |   |
| <input type="checkbox"/> Alterations:                     | <input type="checkbox"/> exempt |   |
| <input type="checkbox"/> BPV ≥ \$60,000                   | 1A                              | 1-2 family dwellings and townhouses with attached garages only  |
| <input type="checkbox"/> Electrical service panel upgrade | 1A                              |   |
| <input type="checkbox"/> BPV ≥ \$200,000                  | 1A                              | Multi-family dwellings only where interior finishes are removed and significant site work and upgrades to structural and mechanical, electrical, and/or plumbing systems are proposed |
| <input type="checkbox"/> <b>Nonresidential</b>            |                                 |   |
| <input type="checkbox"/> New construction                 | 1B and 2                        |   |
| <input type="checkbox"/> Alterations                      | 2                               |   |

## 1. Electric Vehicle Charging

### A. Residential New construction and major alterations (or electric panel upgrade)\*\*

**Please refer to Carlsbad Ordinance CS-349 when completing this section.**

- One and two-family residential dwelling or townhouse with attached garage:  
 One EVSE ready parking space required       Exception : \_\_\_\_\_
- Multi-family residential:       Exception : \_\_\_\_\_

| Total Parking Spaces Proposed | EVSE Spaces |       |           | Total |
|-------------------------------|-------------|-------|-----------|-------|
|                               | Capable     | Ready | Installed |       |
|                               |             |       |           |       |

Calculations: Total EVSE spaces = .10 x Total parking (rounded up to nearest whole number)  
 EVSE Installed = Total EVSE Spaces x .50 (rounded up to nearest whole number)  
 EVSE other = Total EVSE spaces – EVSE Installed  
 (EVSE other may be “Capable,” “Ready” or “Installed.”)

\*Major alterations are: (1) for one and two-family dwellings and townhouses with attached garages, alterations have a building permit valuation ≥ \$60,000 or include an electrical service panel upgrade; (2) for multifamily dwellings (three units or more without attached garages), alterations have a building permit valuation ≥ \$200,000, interior finishes are removed and significant site work and upgrades to structural and mechanical, electrical, and/or plumbing systems are proposed.

### B. Nonresidential new construction (includes hotels/motels)      Exception : \_\_\_\_\_

| Total Parking Spaces Proposed | EVSE Spaces |       |           | Total |
|-------------------------------|-------------|-------|-----------|-------|
|                               | Capable     | Ready | Installed |       |
|                               |             |       |           |       |

Calculation: Refer to the table below:

| Total Number of Parking Spaces provided | Number of required EV Spaces | Number of required EVSE Installed Spaces |
|---|------------------------------|--|
| <input type="checkbox"/> 0-9            | 1                            | 1  |
| <input type="checkbox"/> 10-25          | 2                            | 1  |
| <input type="checkbox"/> 26-50          | 4                            | 2  |
| <input type="checkbox"/> 51-75          | 6                            | 3  |
| <input type="checkbox"/> 76-100         | 9                            | 5  |
| <input type="checkbox"/> 101-150        | 12                           | 6  |
| <input type="checkbox"/> 151-200        | 17                           | 9  |
| <input type="checkbox"/> 201 and over   | 10 percent of total          | 50 percent of Required EV Spaces         |

# City of Carlsbad Climate Action Plan Consistency Checklist

## 2. Transportation Demand Management (TDM)

- A. List each proposed nonresidential use and gross floor area (GFA) allocated to each use.
- B. Employee ADT/1,000 square feet is selected from the table below.

| Use   | GFA | Employee ADT for first 1,000 S.F. | Employee ADT for each subsequent 1,000 S.F. | Total Employee ADT |
|-------|-----|-----------------------------------|---|--------------------|
|       |     |                                   |   |                    |
|       |     |                                   |   |                    |
|       |     |                                   |   |                    |
|       |     |                                   |   |                    |
| Total |     |                                   |   | _____              |

If total employee ADT is greater than or equal to 110 employee ADT, a TDM plan is required.

TDM plan required:    Yes             No

| <b>Employee ADT Estimation for Various Commercial Uses</b>  |                                 |                                       |
|---|---------------------------------|---------------------------------------|
| <i>Use</i>  | <i>ADT for first 1,000 s.f.</i> | <i>Emp ADT/ 1000 s.f.<sup>1</sup></i> |
| Office (all) <sup>2</sup>   | 20                              | 20                                    |
| Restaurant  | 11                              | 11                                    |
| Retail <sup>3</sup>   | 8                               | 4.5                                   |
| Industrial  | 4                               | 3.5                                   |
| Manufacturing   | 4                               | 3                                     |
| Warehousing   | 4                               | 1                                     |
| <p><sup>1</sup> Unless otherwise noted, rates estimated from <i>ITE Trip Generation Manual, 10<sup>th</sup> Edition</i></p> <p><sup>2</sup> For all office uses, use SANDAG rate of 20 ADT/1,000 sf to calculate employee ADT</p> <p><sup>3</sup> Retail uses include shopping center, variety store, supermarket, gyms, pharmacy, etc.</p> <p><b><i>Other commercial uses may be subject to special consideration</i></b></p> <p><b><u>Sample calculations:</u></b></p> <p>Office: 20,450 sf<br/>           1. 20,450 sf / 1000 x 20 = <b>409 Employee ADT</b></p> <p>Retail: 9,334 sf<br/>           1. First 1,000 sf = 8 ADT<br/>           2. 9,334 sf - 1,000 sf = 8,334 sf<br/>           3. (8,334 sf / 1,000 x 4.5) + 8 = <b>46 Employee ADT</b></p> |                                 |                                       |



# SAN DIEGO REGIONAL HAZARDOUS MATERIALS QUESTIONNAIRE

|                            |  |
|----------------------------|--|
| <b>OFFICE USE ONLY</b>     |  |
| RECORD ID # _____          |  |
| PLAN CHECK # _____         |  |
| BP DATE ____ / ____ / ____ |  |

|                                 |                  |             |            |
|---------------------------------|------------------|-------------|------------|
| Business Name                   | Business Contact | Telephone # |            |
| Project Address (include suite) | City             | State       | Zip Code   |
|                                 |                  |             | APN#       |
| Mailing Address (include suite) | City             | State       | Zip Code   |
|                                 |                  |             | Plan File# |
| Project Contact                 | Applicant E-mail | Telephone # |            |

**The following questions represent the facility's activities, NOT the specific project description.**

**PART I: FIRE DEPARTMENT – HAZARDOUS MATERIALS DIVISION: OCCUPANCY CLASSIFICATION: (not required for projects within the City of San Diego):** Indicate by circling the item, whether your business will use, process, or store any of the following hazardous materials. If any of the items are circled, applicant must contact the Fire Protection Agency with jurisdiction prior to plan submittal.

**Occupancy Rating:**

**Facility's Square Footage** (including proposed project):

- |                                  |                       |                                     |                          |
|----------------------------------|-----------------------|-------------------------------------|--------------------------|
| 1. Explosive or Blasting Agents  | 5. Organic Peroxides  | 9. Water Reactives                  | 13. Corrosives           |
| 2. Compressed Gases              | 6. Oxidizers          | 10. Cryogenics                      | 14. Other Health Hazards |
| 3. Flammable/Combustible Liquids | 7. Pyrophorics        | 11. Highly Toxic or Toxic Materials | 15. None of These.       |
| 4. Flammable Solids              | 8. Unstable Reactives | 12. Radioactives                    |                          |

**PART II: SAN DIEGO COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH – HAZARDOUS MATERIALS DIVISION (HMD):** If the answer to any of the questions is yes, applicant must contact the County of San Diego Hazardous Materials Division, 5500 Overland Avenue, Suite 170, San Diego, CA 92123. Call (858) 505-6700 prior to the issuance of a building permit.

**FEES ARE REQUIRED**

Project Completion Date: \_\_\_\_\_

Expected Date of Occupancy: \_\_\_\_\_

(for new construction or remodeling projects)

YES NO

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Is your business listed on the reverse side of this form? (check all that apply).   |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business dispose of Hazardous Substances or Medical Waste in any amount?  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store or handle Hazardous Substances in quantities greater than or equal to 55 gallons, 500 pounds and/or 200 cubic feet?  |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store or handle carcinogens/reproductive toxins in any quantity?   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business use an existing or install an underground storage tank?  |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store or handle Regulated Substances (CalARP)?   |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business use or install a Hazardous Waste Tank System (Title 22, Article 10)?   |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store petroleum in tanks or containers at your facility with a total facility storage capacity equal to or greater than 1,320 gallons? (California's Aboveground Petroleum Storage Act). |

|  |               |
|--|---------------|
| <input type="checkbox"/> CalARP Exempt   | _____ / _____ |
| Date                                     | Initials      |
| <input type="checkbox"/> CalARP Required | _____ / _____ |
| Date                                     | Initials      |
| <input type="checkbox"/> CalARP Complete | _____ / _____ |
| Date                                     | Initials      |

**PART III: SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT (APCD):** The following questions are intended to identify the majority of air pollution issues at the planning stage. Your project may require additional measures not identified by these questions. Some residential projects may be exempt from APCD requirements. If yes is answered for either questions 1, 2 or 5 or for more comprehensive requirements, please contact APCD at [apcdcomp@sdcounty.ca.gov](mailto:apcdcomp@sdcounty.ca.gov); (858) 586-2650; or 10124 Old Grove Road, San Diego, CA 92131.

YES NO

- |    |                          |                          |   |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Will the project disturb 100 square feet or more of existing building materials?  |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Will any load supporting structural members be removed?   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | (ANSWER ONLY IF QUESTION 1 or 2 IS YES) Has an asbestos survey been performed by an individual that has passed an EPA-approved building inspector course?   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | (ANSWER ONLY IF QUESTION 1 or 2 IS YES) Based on the survey results, will the project disturb any asbestos containing material? If yes, a notification may be required at least 10 working days prior to commencing asbestos removal. Additionally, a notification may be required prior to the removal of a load supporting structural member(s) regardless of the presence of asbestos. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Will the project or associated construction equipment emit air contaminants? See the reverse side of this form for typical equipment requiring an APCD permit. If yes, contact APCD prior to the issuance of a building permit.   |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | (ANSWER ONLY IF QUESTION 5 IS YES) Will the project or associated construction equipment be located within 1,000 feet of a school boundary?   |

|                                       |                                    |
|---------------------------------------|------------------------------------|
| Briefly describe business activities: | Briefly describe proposed project: |
|---------------------------------------|------------------------------------|

I declare under penalty of perjury that to the best of my knowledge and belief the responses made herein are true and correct.

|   |  |                         |
|---|--|-------------------------|
| Name of Owner or Authorized Agent _____ | Signature of Owner or Authorized Agent _____ | Date ____ / ____ / ____ |
|---|--|-------------------------|

**FOR OFFICIAL USE ONLY:**

FIRE DEPARTMENT OCCUPANCY CLASSIFICATION: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| EXEMPT OR NO FURTHER INFORMATION REQUIRED |      | RELEASED FOR BUILDING PERMIT BUT NOT FOR OCCUPANCY |      | RELEASED FOR OCCUPANCY |      |
|---|------|--|------|------------------------|------|
| COUNTY-HMD*                               | APCD | COUNTY-HMD   | APCD | COUNTY-HMD             | APCD |
|   |      |  |      |                        |      |

\*A stamp in this box **only** exempts businesses from completing or updating a Hazardous Materials Business Plan. Other permitting requirements may still apply

**LIST OF BUSINESSES WHICH REQUIRE REVIEW AND APPROVAL FROM THE COUNTY OF SAN DIEGO  
DEPARTMENT OF ENVIRONMENTAL HEALTH – HAZARDOUS MATERIALS DIVISION**

**Check all that apply:**

**AUTOMOTIVE**

- Battery Manufacturing/Recycling
- Boat Yard
- Car Wash
- Dealership Maintenance/Painting
- Machine Shop
- Painting
- Radiator Shop
- Rental Yard Equipment
- Repair/Preventive Maintenance
- Spray Booth
- Transportation Services
- Wrecking/Recycling

**CHEMICAL HANDLING**

- Agricultural supplier/distributor
- Chemical Manufacturer
- Chemical Supplier/Distributor
- Coatings/Adhesive
- Compressed Gas Supplier/Distributor
- Dry Cleaning
- Fiberglass/Resin Application
- Gas Station
- Industrial Laundry
- Laboratory
- Laboratory Supplier/Distributor
- Oil and Fuel Bulk Supply
- Pesticide Operator/Distributor

**CHEMICAL HANDLING**

- Photographic Processing
- Pool Supplies/Maintenance
- Printing/Blue Printing
- Road Coatings
- Swimming Pool
- Toxic Gas Handler
- Toxic Gas Manufacturer

**METAL WORKING**

- Anodizing
- Chemical Milling/Etching
- Finish-Coating/Painting
- Flame Spraying
- Foundry
- Machine Shop-Drilling/Lathes/Mills
- Metal Plating
- Metal Prepping/Chemical Coating
- Precious Metal Recovery
- Sand Blasting/Grinding
- Steel Fabricator
- Wrought Iron Manufacturing

**AEROSPACE**

- Aerospace Industry
- Aircraft Maintenance
- Aircraft Manufacturing

**MISCELLANEOUS**

- Asphalt Plant
- Biotechnology/Research
- Cannabis-related
  - Manufacturing
  - Dispensary
  - Other
- Co-Generation Plant
- Dental Clinic/Office
- Dialysis Center
- Emergency Generator
- Frozen Food Processing Facility
- Hazardous Waste Hauler
- Hospital/Convalescent Home
- Laboratory/Biological Lab
- Medical Clinic/Office
- Nitrous Oxide (NO<sub>x</sub>) Control System
- Pharmaceuticals
- Public Utility
- Refrigeration System
- Rock Quarry
- Ship Repair/Construction
- Telecommunications Cell Site
- Veterinary Clinic/Hospital
- Wood/Furniture Manufacturing/Refinishing
- Brewery/Winery/Distillery

**ELECTRONICS**

- Electronic Assembly/Sub-Assembly
- Electronic Components Manufacturing
- Printed Circuit Board Manufacturing

NOTE: THE ABOVE LIST INCLUDES BUSINESSES, WHICH TYPICALLY USE, STORE, HANDLE, AND DISPOSE OF HAZARDOUS SUBSTANCES. ANY BUSINESS NOT INCLUDED ON THIS LIST, WHICH HANDLES, USES OR DISPOSES OF HAZARDOUS SUBSTANCES MAY STILL REQUIRE HAZARDOUS MATERIALS DIVISION (HMD) REVIEW OF BUSINESS PLANS. FOR MORE INFORMATION CALL (858) 505-6880.

**LIST OF AIR POLLUTION CONTROL DISTRICT PERMIT CATEGORIES**

Businesses, which include any of the following operations or equipment, will require clearance from the Air Pollution Control District.

**CHEMICAL**

- 47 – Organic Gas Sterilizers
- 32 – Acid Chemical Milling
- 33 – Can & Coil Manufacturing
- 44 – Evaporators, Dryers & Stills Processing Organic Materials
- 24 – Dry Chemical Mixing & Detergent Spray Towers
- 35 – Bulk Dry Chemicals Storage
- 55 – Chrome Electroplating Tanks

**COATINGS & ORGANIC SOLVENTS**

- 27 – Coating & Painting
- 37 – Plasma Arc & Ceramic Deposition Spray Booths
- 38 – Paint, Stain & Ink Mfg
- 27 – Printing
- 27 – Polyester Resin/Fiberglass Operations

**METALS**

- 18 – Metal Melting Devices
- 19 – Oil Quenching & Salt Baths
- 32 – Hot Dip Galvanizing
- 39 – Precious Metals Refining

**ORGANIC COMPOUND MARKETING  
(GASOLINE, ETC)**

- 25 – Gasoline & Alcohol Bulk Plants & Terminals
- 25 – Intermediate Refuelers
- 26 – Gasoline & Alcohol Fuel Dispensing

**COMBUSTION**

- 34 – Piston Internal – Combustion Engines
- 13 – Boilers & Heaters (1 million BTU/hr or larger)
- 14 – Incinerators & Crematories
- 15 – Burn Out Ovens
- 16 – Core Ovens
- 20 – Gas Turbines, and Turbine Test Cells & Stands
- 48 – Landfill and/or Digester Gas Flares

**ELECTRONICS**

- 29 – Automated Soldering
- 42 – Electronic Component Mfg

**FOOD**

- 12 – Fish Canneries
- 12 – Smoke Houses
- 50 – Coffee Roasters
- 35 – Bulk Flour & Powered Sugar Storage

**SOLVENT USE**

- 28 – Vapor & Cold Degreasing
- 30 – Solvent & Extract Driers
- 31 – Dry Cleaning

**ROCK AND MINERAL**

- 04 – Hot Asphalt Batch Plants
- 05 – Rock Drills
- 06 – Screening Operations
- 07 – Sand Rock & Aggregate Plants
- 08 – Concrete Batch, CTB, Concrete Mixers, Mixers & Silos
- 10 – Brick Manufacturing

**OTHER**

- 01 – Abrasive Blasting Equipment
- 03 – Asphalt Roofing Kettles & Tankers
- 46 – Reverse Osmosis Membrane Mfg
- 51 – Aqueous Waste Neutralization
- 11 – Tire Buffers
- 17 – Brake Debonders
- 23 – Bulk Grain & Dry Chemical Transfer & Storage
- 45 – Rubber Mixers
- 21 – Waste Disposal & Reclamation Units
- 36 – Grinding Booths & Rooms
- 40 – Asphalt Pavement Heaters
- 43 – Ceramic Slip Casting
- 41 – Perlite Processing
- 40 – Cooling Towers – Registration Only
- 91 – Fumigation Operations
- 56 – WWTP (1 million gal/day or larger) & Pump Station

NOTE: OTHER EQUIPMENT NOT LISTED HERE THAT IS CAPABLE OF EMITTING AIR CONTAMINANTS MAY REQUIRE AN AIR POLLUTION CONTROL DISTRICT PERMIT. IF THERE ARE ANY QUESTIONS, CONTACT THE AIR POLLUTION CONTROL DISTRICT AT (858) 586-2600.

**ENCINA WASTEWATER AUTHORITY  
INDUSTRIAL WASTEWATER DISCHARGE PERMIT  
SCREENING SURVEY**

6200 Avenida Encinas, Carlsbad, CA 92011  
Phone: 760-438-3941 Fax: 760-476-9852  
SourceControl@encinajpa.com



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

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

**Street Address:** \_\_\_\_\_

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

PLEASE CHECK HERE IF YOUR BUSINESS IS EXEMPT : (ON REVERSE SIDE CHECK TYPE OF BUSINESS)

Check all below that are present at your facility:

|                                    |   |   |
|------------------------------------|---|---|
| Acid Cleaning                      | Food Processing                                     | Metal Powders Forming                               |
| Assembly                           | Glass Manufacturing                                 | Nutritional Supplement/Vitamin Manufacturing        |
| Automotive Repair                  | Industrial Laundry                                  | Painting/Finishing                                  |
| Battery Manufacturing              | Ink Manufacturing                                   | Paint Manufacturing                                 |
| Biofuel Manufacturing              | Laboratory  | Personal Care Products Manufacturing                |
| Biotech Laboratory                 | Machining/Milling                                   | Pesticide Manufacturing/ Packaging                  |
| Bulk Chemical Storage              | Membrane manufacturing (i.e. waterfilter membranes) | Pharmaceutical Manufacturing (including precursors) |
| Car Wash                           | Metal Casting/Forming                               | Porcelain Enameling                                 |
| Chemical Manufacturing             | Metal Fabrication                                   | Power Generation                                    |
| Chemical Purification              | Metal Finishing                                     | Print Shop  |
| Dental Offices                     | Electroplating                                      | Research and Development                            |
| ▪ Dental Schools                   | Electroless Plating                                 | Rubber Manufacturing                                |
| ▪ Dental Clinics                   | Anodizing   | Semiconductor Manufacturing                         |
| Dry Cleaning                       | Coating (i.e. phosphating)                          | Soap/Detergent Manufacturing                        |
| Electrical Component Manufacturing | Chemical Etching/Milling                            | Waste Treatment/Storage                             |
| Fertilizer Manufacturing           | Printed Circuit Board Manufacturing                 |   |
| Film/ X- ray Processing            |   |   |

New Business? Yes No SIC Code(s) if known: \_\_\_\_\_ Date operation began/will begin: \_\_\_\_\_

Tenant Improvement? Yes No If yes, briefly describe improvement: \_\_\_\_\_

Description of operations generating wastewater (discharged to sewer, hauled or evaporated): \_\_\_\_\_

Estimated volume of industrial wastewater to be discharged (gal/ day) : \_\_\_\_\_

List hazardous wastes generated (type/volume): \_\_\_\_\_

Have you applied for a Wastewater Discharge Permit from the Encina Wastewater Authority? Yes Date: \_\_\_\_\_ No **0**

**ENCINA WASTEWATER AUTHORITY  
INDUSTRIAL WASTEWATER DISCHARGE PERMIT  
SCREENING SURVEY**

**6200 Avenida Encinas, Carlsbad, CA 92011  
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The commercial enterprises listed below are a partial listing of businesses that are exempt from industrial wastewater discharge permitting under normal operating conditions. They are exempt because (a) they discharge no process wastewater (i. e., they only discharge sanitary wastewater with no pollutants exceeding any local limits ), and (b) they have no potential to negatively impact the EWPCF or other wastewater treatment plants in the ESS. Any questions regarding exemptions should be referred to EWA Source Control staff.

- o Automobile Detailers
- o Barber/Beauty Shops
- o Business/Sales Offices
- o Cleaning Services
- o Carpet/Upholstery
- o Childcare Facilities
- o Churches
- o Community Centers
- o Consulting Services
- o Contractors
- o Counseling Services
- o Educational Services (no auto repair/film developing)
- o Financial Institutions/Services
- o Fitness Centers
- o Gas Stations (no car wash/auto repair)
- o Grocery Stores (no film developing)
- o Residential based Businesses
- o Hotels/ Motels (no laundry)
- o Laundromats
- o Libraries
- o Medical Offices (no x-ray developing)
- o Mortuaries
- o Museums
- o Nail Salons
- o Nursing Homes
- o Office Buildings (no process flow)
- o Optical Services
- o Pest Control Services (no pesticide repackaging for sale)
- o Pet Boarding/Grooming Facilities
- o Postal Services (no car wash/auto repair)
- o Public Storage Facilities
- o Restaurants/Bars
- o Retail/Wholesale Stores (no autorepair/film developing)
- o Theaters (Movie/Live)

**CERTIFICATION STATEMENT**

*I certify that the information above is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

ENCINA WASTEWATER AUTHORITY  
6200 AVENIDA ENCINAS, CARLSBAD, CA Phone: 760-438-3941 Fax: 760-476-9852  
[SourceControl@encinaipa.com](mailto:SourceControl@encinaipa.com)

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### **NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:**

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF  
GENERALSERVICES,  
Division of the State  
Architect, CASp Program

[www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

[www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)

[disabilityaccessinfo](http://disabilityaccessinfo)

DEPARTMENT OF  
GENERALSERVICES,  
California Commission on  
Disability Access

[www.cdda.ca.gov](http://www.cdda.ca.gov)

[www.cdda.ca.gov/resources-menu/](http://www.cdda.ca.gov/resources-menu/)

### **CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES**

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit [www.apps2.dgs.ca.gov/DSA/casp/casp\\_certified\\_list.aspx](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx).

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

#### **Disabled Access Credit for Eligible Small Businesses**

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at [www.irs.gov](http://www.irs.gov).

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at [www.ftb.ca.gov](http://www.ftb.ca.gov).

#### **Architectural and Transportation Barrier Removal Deduction**

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at [www.irs.gov](http://www.irs.gov).

#### **California Capital Access Financing Program**

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at [www.treasurer.ca.gov/cpcfca/calcap/](http://www.treasurer.ca.gov/cpcfca/calcap/).

### FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at [www.ada.gov](http://www.ada.gov).

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at [www.bsc.ca.gov](http://www.bsc.ca.gov).