

CITY OF RED BLUFF

555 Washington Street, Red Bluff, CA 96080

Building Dept. (530) 527-2605 Ext. 3058 FAX (530) 529-6878

☐ New Business
☐ Existing-Same Location
☐ Existing-New Location

OCCUPANCY QUESTIONNAIRE AND APPLICATION

Fees charged: \$38 for residential occupancy, \$54 for non-residential occupancy. Please complete Sections A through E and return this form.

Do not occupy or commit to occupy the premises prior to securing written Occupancy Permit from the City.

A. WATER SERVICE APPLICATION REQUIRED PER PUBLIC WORKS DEPARTMENT: If your business is located within the "City of Red Bluff" and uses water, you must request water service from City Water Department located at City Hall, 555 Washington Street. Phone Number: (530) 527-2605 Ext: 3065

B. CONSTRUCTION PERMIT APPLICATION REQUIRED: If you answer "YES" to any of the following items a Building and/or Sign Permit Application are required. Are you altering, removing or adding to any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1) Framing (windows, walls, floors, ceilings, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Mechanical (Heating and Air Conditioning) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Automatic Fire Suppression System, Fire Alarm System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Electrical (moved, added, changes of any kind) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Plumbing components (moved, added, changes of any kind) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Are you installing a new sign (see Planning Dept.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Accessibility Changed (moved, added, changes of any kind) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: Building Permits are required prior to installing signs and/or any alteration or expansion of any portion of the structure or changing the mechanical, electrical and plumbing systems serving a building. Contact the Building Department prior to starting any and all projects at (530) 527-2605 Ext. 3058.

A 72 HOUR NOTICE IS REQUIRED ON ALL OCCUPANCY INSPECTIONS. DO NOT OCCUPY UNTIL WRITTEN APPROVAL HAS BEEN ISSUED BY ALL DEPARTMENTS (24 INSPECTION LINE: 530-527-2605 Ext. 3058)

BUSINESS LICENSE REQUIRED: Prior to conducting business within the "City of Red Bluff" you must obtain a City Business License. Please contact the Finance Department at City Hall. (530) 527-2605 Ext. 3010

NAME OF BUSINESS _____

Business License Number _____ Expiration Date _____

C. OCCUPANCY APPLICATION REQUIRED:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you changing the approved use (type of business) on the site?
(Contact Planning Department (530) 527-2605 Ext. 3059, if unsure, or if Yes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will your business accommodate a greater number of persons than the business that previously occupied the building? (Contact Building Dept. if unsure) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will you be altering the parking or landscaping on the site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is this an "Adult-Oriented Business" as defined in the City's Zoning Code?
(See Planning Dept. if unsure or Yes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional information is on the other side of this form →

D. OCCUPANCY INFORMATION:

1. Business Name: _____ Phone #: _____
2. Business Address: _____
3. Business Description: _____
4. Business Owner's Name: _____ Phone #: _____
5. Business Owner's Home Address: _____
6. Landlords' Name: _____ Phone #: _____
7. Date of Your Expected Move In: _____ Date of Your Expected Opening: _____
8. Occupancy Applicant's Phone Number(s): _____
9. Number of employees on site: _____ Maximum number of occupants on site: _____

III. CERTIFICATION:

As the Occupancy Applicant, I have read and understand both sides of this form. Sign and date the following:

Date

To Be Completed By City Staff)

OCCUPANCY APPLICATION REVIEW RESULTS:

If you have any questions, please contact the appropriate department at (530) 527-2605.

- ☐ Occupancy application is not approved. Do not occupy the premises. Please see comments as to reason below.
☐ Occupancy approval is temporary. You have City approval to occupy the premises until _____. After that date occupancy approval is void until you comply with the conditions listed below, and receive written occupancy approval.
☐ Your application has been approved for "Full Occupy" of the premises.
☐ Maximum number of occupants allowed is _____. The occupant load shall be posted in a conspicuous place.
☐ Restrooms shall be made available for public use (Red Bluff City Code 25.183.1)
☐ Read and comply with all attached comments, questions and/or conditions from each listed Department as follows:

PLEASE READ EACH DEPARTMENTS COMMENTS OF TEMP. OCCUPANCY OR FULL OCCUPANCY:

PLANNING: _____

PUBLIC WORKS: _____

FIRE DEPT: _____

3LDG. DEPT: _____

BLDG _____

Date _____

Group _____

Type _____

Max Occupant Load _____



CITY OF RED BLUFF

555 Washington Street Red Bluff, California 96080 Phone (530) 527-2605 Fax (530) 529-6878 www.ci.red-bluff.ca.us

Red Bluff, CA Code of Ordinances CHAPTER 25: ZONING

ARTICLE XXV: § 25.239 **HOME OCCUPATION**. A use conducted entirely within a dwelling by the inhabitants thereof, which use is clearly incidental and secondary to the use of the dwelling for dwelling purposes and that:

- (1) Is carried on by the members of the family occupying the dwelling with no other person employed;
- (2) The use shall not require any modifications or alterations not customarily found in a dwelling;
- (3) Except for one non-illuminated sign advertising the home occupation that shall not exceed one square foot in total display area, the use shall not be visible from the street or adjoining properties;
- (4) Produces no noise, dirt, fumes, odor, smoke, vibrations and the like beyond the premises in excess of that customarily associated with a dwelling;
- (5) The use does not occupy an area greater than 25% of the dwelling area;
- (6) Involves no sale or display of merchandise other than that produced on the premises or directly related to and incidental to the services offered; and
- (7) The home occupation does not displace required off-street parking spaces.

('61 Code, § 25.25.155)

I, _____, have read and understand the regulations for Home Occupation as
(Applicant Name)
established by Article XXV, Section 25.239 of the Red Bluff Municipal Code (RBMC). Furthermore, I agree to comply with all terms of the permit, including conditions of approval, if any.

(Print Name)

(Company)

(Signature)

(Date)

Business License Number



City of Red Bluff
FIRE DEPARTMENT

Emergency 9-1-1 ~ FAX (530) 529-4768
Business (530) 527-1126 ~ TDD (530) 527-3131
555 Washington St., Red Bluff, CA 96080
www.rbfd.org



Confidential Business Occupancy Information

Business Address: _____ Business Phone: _____

Mailing Address (if different): _____

Business Name: _____

Business Description: _____ City Business License #: _____

Business E-mail: _____

Is this Business sub-leasing space inside another Business? Y / N

Name of Main Business Occupant: _____
.....

Business Owner: _____ Home #: _____ Cell #: _____

Home Address: _____ Key Holder? Y / N
.....

Supervisor/Manager: _____ Home #: _____ Cell #: _____

Home Address: _____ Key Holder? Y / N
.....

Property Owner: _____ Home #: _____ Cell #: _____

Home Address: _____ Key Holder? Y / N
.....

Please list **other** emergency contacts for this business location. It is not necessary to repeat persons already listed above.

<u>Name (First and Last)</u>	<u>Address</u>	<u>Phone</u>	<u>Key Holder?</u>
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N