

Application Packet

for

Commercial or Industrial Structure



City of Paso Robles

BUILDING DIVISION

1000 Spring Street

Paso Robles, CA 93446

Phone: (805) 237-3850

Fax: (805) 238-4704



CITY OF EL PASO DE ROBLES

"The Pass of the Oaks"

Effective immediately a submittal fee will be required on all Building and Engineering permit applications submitted to the Community Development Department:

Construction Type	Amount
Com/Ind/Hotel New	Based on Sq. Ft.
Com/Ind/Hotel Remodel, Addition, Sign	\$220.00
Demolition	\$110.00
Grading	\$148.00
Mechanical/Plumbing/Electrical	\$110.00
Residential New	\$2,000.00
Residential Remodel, Addition, Patio Covers	\$220.00
Swimming Pool, Spa	\$220.00

TO: CONTRACTORS, INDIVIDUALS SUBMITTING FOR BUILDING PERMIT FOR A COMMERCIAL OR INDUSTRIAL STRUCTURE.

FROM: CITY OF PASO ROBLES BUILDING DIVISION

Effective January 2008 building plan check submittals for Commercial/Industrial construction shall not be accepted or processed unless the following items are provided at the time of submittal:

- **THREE (3)** sets of building plans. **(FOLDED)**
- **One (1)** additional copy of the floor plan, with dimensions (for County Assessors)
- Plot/Grading Plans
- **THREE (3)** separate 24" x 36" plot/site plans shall be included (see attached sample), and/or **THREE (3)** copies of a grading plan prepared by a Civil Engineer.
- **Two (2)** sets of truss calculations.
- **Two (2)** sets of energy calculations.
- **Two (2)** copies of soils report with soil classification, expansive index, foundation recommendations, and design bearing capacity meeting those requirements of section 1804.3 UBC.
- **Two (2)** sets of structural calculations by a licensed Architect or Engineer.
- If City sewerage disposal system is not available, **three (3)** copies of percolation test and septic system design.
- Proof of compliance with Planning Division requirements, if applicable.
- **Submit** a complete building application with consent of landowner form.
- If a drinking, dining or food service establishment, a letter or copy of the plans approved by the County Health Department must be provided prior to issuance of the building permit.
- *A non-refundable application submittal fee is required at the time of package submittal.*

INCOMPLETE SUBMITTAL WILL NOT BE ACCEPTED. ALL APPLICABLE INFORMATION MUST BE INCLUDED AT TIME OF PLAN REVIEW SUBMITTAL.

Please make sure that your contractor has a copy of his current workers' compensation insurance filed with the Building Division. If owner/builder, complete the owner/builder verification form with a complete list of all sub-contractors and their state license number. A building permit **cannot** be issued until all this information is submitted. All general contractors and/or sub-contractors are required to have a current city license to work in the City of Paso Robles.

Effective January 3, 2006, all plan review and permit issuance for Underground Fire Lines, Fire Sprinkler Systems, Fire Alarm Systems, and Hood Systems will occur at the Department of Emergency Services, 900 Park Street, Paso Robles, California, 805-227-7560.

Note! The installation of curb, gutter, sidewalk, street and alley paving will be required for any project for which the valuation exceeds \$25,000.00. The amount of improvements required shall be equal to 25% of the project value as determined using Building Standards Publications. Should you have any questions if this applies to your project, please contact the City Engineer at (805) 237-3860. (Update April 2007)

EXCAVATION AND GRADING:

DEFINITIONS:

- A. PLOT PLAN (Site Plan); Required when construction is to be placed on a previously graded subdivision lot, already approved by the Engineering Department. The plan should accurately depict placement of construction, showing how it interfaces with the site. Show lot corners, elevations, finished pad heights, oak trees, if any, including their dripline, drainage patterns and drainage facilities, etc..
- B. DRAINAGE PLAN; Required when site is not improved, but earthwork to be done does not require a grading permit per Appendix Chapter 33 of the Uniform Building Code. The plan should contain the same basic information as a plot plan (as defined above) with the exception that it will incorporate references to existing and proposed elevations and final disposition of drainage patterns.
- C. GRADING PLAN; Required on all Commercial. Industrial projects, hillside lots (as defined below), and any project requiring a grading permit per Appendix Chapter 33 of the Uniform Building Code. All grading plans shall be prepared by a Civil Engineer or Architect licensed to practice in the State of California.
- D. ADDENDUM OR "AS BUILT" PLANS; Required for submittal and review when deviation from the originally "approved" plans has occurred. Projects cannot receive "final" inspection until plans have been reviewed and approved by the City Engineer.
- E. HILLSIDE; Hillside development (slopes in excess of 15%) require an accurate topographical map and grading plan prepared by a registered Civil Engineer, clearly showing the entire area on which development is to occur, using an appropriate scale and contour interval. This map shall also locate and identify all existing oak trees six inches or greater in diameter at a point three feet from grade. Additionally, plans shall provide grading cross sections, construction cross sections, driveway and turn-a-round profiles, erosion control information, etc..
- F. PERMIT APPLICATION REQUIRED FOR OAK TREE TRIMMING/REMOVAL; Permits are required to be secured from the City Engineer to remove oak trees 3" to 6" in diameter. The removal of trees and/or trimming of limbs larger than 6" require approval by City Council.



Time Frame for Completion of the Plan Review Process

City of Paso Robles Building Division Phone (805) 237-3850 Fax (805) 238-4704

ATTENTION CONTRACTORS AND DEVELOPERS:

Effective December 14, 2000, quoted time frames for completion of the plan review process for Single Family Residence and Commercial/Industrial projects (excluding that time consumed by the contractor or developer for correction and/or amendment) shall be as follows:

Initial plan review (first plan check):

Forty-five (45) working days (this excludes weekends and holidays) will be required to complete the initial plan review process.

Second plan review (plans recheck):

Forty-five (45) working days (this excludes weekends and holidays) will be required to complete the second plan review (recheck).

Plan review for small permits:

Thirty (30) working days for initial plan review for all small permits which include; addition, remodel, tenant improvements, patio covers. Allow *twenty (20)* days to complete the second plan review (recheck).

- ** Please note that the time frames quoted above do not include that time period when plans are in the possession of the contractor, developer, drafts person, or architect for correction and/or amendment.
- ** Requests from individuals for priority plan review on initial submissions or rechecks will not be acknowledged. Plans shall be reviewed on a first come, first serve basis.
- ** The Building Division will neither quote nor be responsible for that time frame required by the City Engineering Division to process site drainage plans, or grading plans. Those time frames must be discussed with the City Engineer.

BUILDERS

Effective January 1, 1992, Senate Bill 493, codified as Revenue and Taxation Code Section 72(c), became effective. This law requires a copy of the floor plan, for use by the Tax Assessor, to be filed with the Building Division when the approved set of building plans are filed.

THE SAN LUIS OBISPO COUNTY ASSESSOR requires:

1. A legible copy of the floor plans of all new construction with all dimensions and angles, legible and clearly delineated.
2. The drawings may be any size from 8½" x 11" (smallest) to "E" size drawings (largest).
3. On plans for additions and remodels, the drawing should include where the additions attach to the existing building and any interior alterations that are being made.
4. The correct Assessor's Parcel Number or Situs Address shall be noted on the plans.

Your cooperation will allow the Assessor to do his job while reducing disturbances to you at the job site.

If you have any questions, contact the Building Division of the Community Development Department.

TO: Building Permit Applicants

FROM: City of Paso Robles

SUBJECT: Water Meter Options

Purpose:

To advise you of an option that may save you money on your sewer service rates.

Background and Analysis:

The City's sewer service rates are in proportion to water usage. The amount of your sewer service billing is measured by the meter on your domestic water service (service within your building).

If you have a business, church, or other land use with large landscaped areas, you may be able to save money by installing two (2) different water meters:

1. A domestic water service meter for your internal water needs (which will be the basis for the sewer service charge); and
2. A "landscaping" water service meter, which is to be used for landscaping maintenance, and which will not contribute to your sewer service charge.

Installation of an additional water meter is an additional expense. The cost of a second water meter is in relation to the size of the water line.

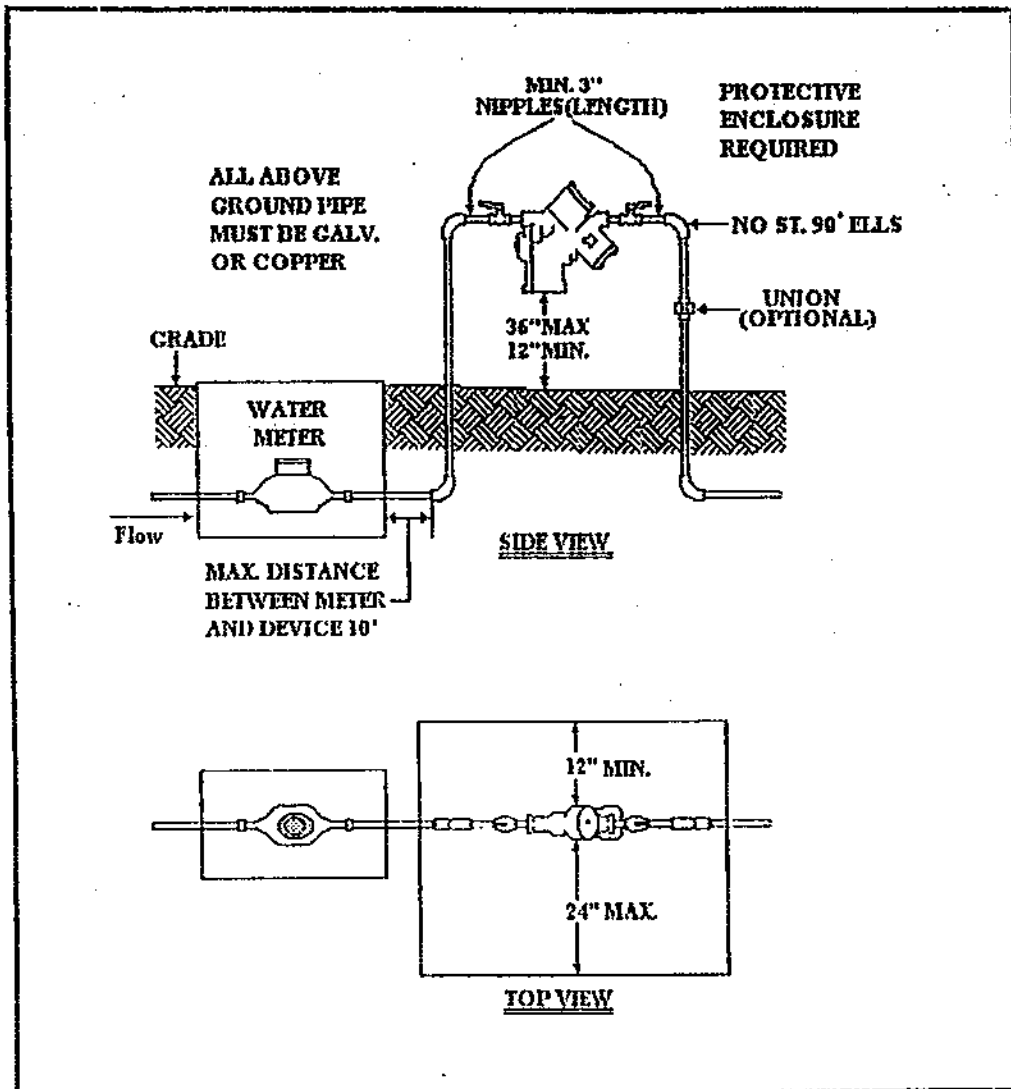
Whether or not having an additional water meter would save you money (over the long run) will depend upon the amount of water that you will use for landscaping maintenance.

Because the potential savings depend upon your own water usage, the City cannot advise you whether or not a second water meter makes economic sense for you. The City does, however, want to make you aware of the option.

Recommendation:

Before you finalize your building plans, you may wish to have your architect, engineer, or building designer analyze the water meter options, and you may want to consider whether or not having a separate landscaping water meter could save you money.

All commercial projects shall require an approved RP Device.



I. Installation Requirements

- A. All devices must be approved RP devices.
(Wilkins 975, Febco 825Y or approved equal)
- B. City water meter and approved backflow prevention assembly must be of the same size.
- C. Distance between water meter and approved backflow prevention shall not exceed ten feet.
- D. Valves, tees, connections or flow restrictions of any type between the water meter and the approved backflow prevention assembly shall be prohibited.
- E. No Wye Strainers before the # 2 shut-off valve.
- F. Any deviation from the methods described above must receive cross-connection inspector approval prior to installation.



CITY OF EL P a s DE ROBLES
"The Pass of the Oaks"

February 26,2008

SUBJECT: Penalties for Work Performed Without Required Permits / Approvals

The City has recently experienced a growing number of instances where developers, contractors and/or property owners have undertaken grading, construction and related work without first obtaining the necessary City permits or approvals. The number and extent of these problems have made it necessary to discuss the penalties for work occurring without City permits I approvals.

At its February 20,2001 meeting, the Paso Robles City Council reviewed a report on the problem of work occurring without permits I approvals and directed City staff and the City Attorney to take steps to address these code violations through the use of criminal prosecution, as authorized by the City's Municipal Code.

Please note that under criminal prosecution, the maximum penalties for work being done without the required permits / approvals are fines of \$1,000 per day and/or 6 months imprisonment. These penalties have long been a part of the City's Municipal Code, and the purpose of this notice is to advise you that the City will be actively enforcing its provisions.

The City wishes to avoid criminally prosecuting any person doing work occurring without a required permit or approval. Therefore, your cooperation and understanding would be sincerely appreciated. In that context, you are encouraged to contact this office any time you have a question regarding whether or not a particular project or activity would require a City permit or City approval.

Please feel free to contact me should you have any questions or other information needs.

Sincerely,

Ronald Whisenand

Community Development Director

**INFORMATION PERTAINING TO APPLICATION FOR BUILDING PERMIT,
CITY OF PASO ROBLES**

The following information should be filled out as completely as possible. Failure to do so may impede the permit process

PLEASE PRINT:

OWNER (S): _____ PHONE: (____) _____

OWNER (S) ADDRESS: _____ E-MAIL: _____

TENANT (S): _____ PHONE: (____) _____

TENANT (S) ADDRESS: _____ E-MAIL: _____

AGENT FOR OWNER: _____ PHONE: (____) _____

AGENTS' ADDRESS: _____ E-MAIL: _____

PROJECT ADDRESS: # _____ STREET _____ LOT _____ TRACT _____

ARCH./DRAFTSMAN: _____ PHONE: (____) _____

ARCH./DRAFTSMAN ADDRESS: _____ E-MAIL: _____

CONTRACTOR: _____ PHONE: (____) _____

ADDRESS: _____ E-MAIL: _____

CONTRACTORS' LICENSE NUMBER: _____ LICENSE CLASS: _____ EXPIRATION DATE: _____

PROJECT INFORMATION: SCOPE OF WORK: _____

VALUE OF PROJECT: \$ _____

PERMIT REQUESTED: BUILDING _____ DEMOLITION _____ MECHANICAL/PLUMBING/ELECTRICAL _____

SWIMMING POOL/SPA _____ SIGN _____

TOTAL SQUARE FEET OF BUILDING: _____ **GARAGE:** _____ **PATIO/DECK:** _____

SETBACKS: FRONT: _____ FT. SIDES: _____ FT. REAR: _____ FT.

NUMBER BEDROOMS: _____ **NUMBER BATHROOMS:** _____ **NUMBER OF STORIES:** _____

OCCUPANCY GROUP: _____

CONSTRUCTION TYPE: _____ I A, II A _____ IIIA, VA _____ II B, III B, IV, V B

APPLICATION # _____

PLEASE COMPLETE THE REVERSE SIDE

CONSTRUCTION MATERIALS:

FRAME: FOUNDATION: ROOF: HEATING: EXTERIOR WALL:

- | | | | | |
|----------------------------------|---------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> WOOD | <input type="checkbox"/> WOOD | <input type="checkbox"/> BUILT-UP | <input type="checkbox"/> ELEC | <input type="checkbox"/> WOOD SIDING |
| <input type="checkbox"/> METAL | <input type="checkbox"/> CONCRETE | <input type="checkbox"/> METAL | <input type="checkbox"/> GAS FURN. | <input type="checkbox"/> STUCCO |
| <input type="checkbox"/> TIMBER | <input type="checkbox"/> SLAB | <input type="checkbox"/> COMP SHING. | <input type="checkbox"/> GAS WALL | <input type="checkbox"/> MASONRY VENEER |
| <input type="checkbox"/> MASONRY | <input type="checkbox"/> PIERS.CAISS. | <input type="checkbox"/> TILE | <input type="checkbox"/> SOLAR | <input type="checkbox"/> CONCRETE BLOCK |
| | | <input type="checkbox"/> OTHER | | <input type="checkbox"/> METAL |

UTILITIES:

TYPE WATER HEATING: _____ FIREPLACE TYPE: _____

HVAC: _____ TYPE: GAS LPG ELEC. OTHER: _____

SIZE: _____ BTU

SEWERAGE DISPOSAL: CITY SEWER PRIVATE

RETAINING WALL INFORMATION:

LENGTH: _____ HEIGHT: _____ MATERIAL: _____

INDUSTRIAL WASTE:

Will your business have any wastewater discharge from any fixture or equipment other than a hand sink or bathroom fixtures? Yes or No

If Yes, what are they? _____



CITY OF EL PASO DE ROBLES

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GRADING/SITE PLAN PERMIT APPLICATION

Date: _____ Permit No. (City Use) _____

Enclosed is a: _____ A. Plot Plan _____ B. Grading Plan _____ C. Grading Plan (Sub-Division)

AUTHORIZED REPRESENTATIVE: _____

PHONE: _____ CELL: _____ FAX: _____

PROPERTY OWNER (Mandatory): _____

PHONE: _____ CELL: _____ FAX: _____

ADDRESS: _____

PROJECT ADDRESS: _____

LOT (S): _____ BLOCK: _____ TRACT: _____ A.P.N. _____

CIVIL ENGINEER: _____ LICENSE NO.: _____

SOILS ENGINEER: _____ LICENSE NO.: _____

CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____ PHONE: _____

TOTAL AREA OF SITE DISTURBANCE: _____

EXCAVATION: DEPTH OF CUT: _____ (EST. CU. YARDS): _____

FILL: DEPTH OF FILL: _____ (EST. CU. YARDS): _____

If surplus material exists (unbalanced site), where will it be disposed of? _____

Is there any diversion of water to adjoining property? _____ Yes _____ No

If yes, please note nature and type: _____

Will a fence be required for public safety? _____ Yes _____ No

Any known archeological sites? _____ Yes _____ No

Give a brief description as to how work may relate to adjoining property; regarding drainage, erosion, spill, seepage, retaining walls, public health and safety. Is any grading proposed under the drip line of any oak trees? _____

When will work commence? _____ Estimated completion date _____

Will a Pre-job meeting be required? _____ Yes _____ No

NOTE: All work shall comply with the Municipal Code

TABLE NO. 3-H-GRADING PERMIT FEES

50 cubic yards or less	\$ 64.00
51 to 500 cubic yards	\$ 96.00
501 to 1,000 cubic yards	\$128.00
1,001 to 5,000 cubic yards	\$192.00
5,001 to 10,000 cubic yards	\$257.00
10,001 cubic yards or more	\$257.00 for the first 10,000 cubic yards, plus \$128.00 for each additional 5,000 cubic yards or fraction thereof

Other Inspection Charges and Fees:

1. Inspections outside of normal business hours \$257.00/hr¹ (minimum charge - 2 hours)
2. Re-inspection fees assessed under provisions of City of Paso Robles, City Council Resolution 05-192 - \$153.00/hr²
3. Inspections for which no fee is specifically indicated \$153.00/hr² (minimum charge - 1 hour)

¹ The application for a grading permit also authorizes additional work if required.

² Or the total hourly cost to the jurisdiction, whichever is greatest. This cost or fraction thereof includes supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved.

AFFIDAVIT

I hereby agree to develop, implement and enforce a program to ensure controls are in place that will prevent or minimize water quality impacts from storm water runoff from the construction site subject to this permit.

I hereby agree to save, indemnify and hold harmless the City of El Paso de Robles and it's officers, employees and agents against all liability, judgments, costs and expenses which may in any way accrue against the City of El Paso de Robles in consideration of this application, and will in all things strictly comply with the conditions of this permit, regulations and ordinances of the City of El Paso de Robles and the laws of the State of California.

SIGNED: _____
Applicant

DATE: _____

APPROVED: _____
John R. Falkenstien, PE City Engineer

DATE: _____

----- **Area below for City use only** -----

MAP SUBMITTED:

_____ 50 cubic yards to 5,000 cubic yards requires a map showing existing and proposed elevations, drainage structures, trees or other topographic features.

_____ Over 5,000 cubic yards or within hillside development requires preparation by a licensed Civil Engineer, and a soils and/or geology report.

Soils Engineering Report:	_____ Required	_____ Not Required
Engineering Geology Report:	_____ Required	_____ Not Required
Environmental Impact Assessment:	_____ Required	_____ Not Required
Final Soils Report:	_____ Required	_____ Not Required
Final Compaction Test Required:	_____ Required	_____ Not Required

FEES DUE:	A.	Engineering Plan Check Fee	\$ _____ 153.00
	B.	Additional Plan Check required by corrections, changes, additions, or revisions (\$153/ per hour)	\$ _____
	C.	Grading Permit Fee	\$ _____



Post Construction Storm Water Management

Project Information

(This form is to be completed by the Civil Engineer and submitted with the City's grading permit application.)

Applicant Name: _____ Phone: _____

Applicant Address: _____

Responsible Party for Post Construction Devices: _____

Project Contact: _____ Phone: _____

Project Address: _____

Grading Permit No.: _____ Parcel Number(s): _____

Disturbed Area (Acres): _____ Total Project Size: _____

Proposed Impervious Area: _____ Receiving Water: _____

- Residential (Single-Family)
- Residential (Multi-Family)
- Commercial
- Automotive
- Retail Gasoline Outlet

- Restaurant
- Hillside Development
- Parking Lot
- Streets/Roads
- Industrial

Planned BMP's/Controls (Check Applicable Controls)

- | | |
|---|---|
| <input type="checkbox"/> Disconnect Impervious Surfaces | <input type="checkbox"/> Filters and Drainage Inlet Inserts |
| <input type="checkbox"/> Pervious Paving | <input type="checkbox"/> Constructed Wetland |
| <input type="checkbox"/> Infiltration Trench | <input type="checkbox"/> Oil and Water Separator |
| <input type="checkbox"/> Retention Basin | <input type="checkbox"/> Media Filter |
| <input type="checkbox"/> Vegetated Swale | <input type="checkbox"/> Other (Describe below) |

Hydromodification (If Applicable)

Please describe hydromodification techniques: _____

Quantify hydromodification effectiveness (Attach calculations if provided):

Civil Engineer

PE#

Signature

Date



CITY OF EL PASO DE ROBLES

1000 Spring Street
Paso Robles, CA 93446

Notice to Property Owner

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at _____

We are providing you with an Owner-Builder Acknowledgment and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder.

We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us at our official address indicated. An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION

DIRECTIONS: Read and initial each statement below to signify you understand or verify this information.

___1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "'Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

___2. I understand building permits are not required to be signed by property owners unless they are responsible for the construction and are not hiring a licensed Contractor to assume this responsibility.

___3. I understand as an "'Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.

___4. I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

___5. I understand if I employ or otherwise engage any persons, other than California licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "'employer" under state and federal law.

___6. I understand if I am considered an "'employer" under state and federal law, I must register with the state and federal government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "'employee." I also understand my failure to abide by these laws may subject me to serious financial risk.

___7. I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless all work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.

____8. I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.

____9. I understand I may obtain more information regarding my obligations as an "employer" from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors' State License Board (CSLB) at 1-800-321-CSLB (2752) or www.cslb.ca.gov for more information about licensed contractors.

____10. I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the address listed above.

____11. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.

____12. I agree to notify the issuer of this form immediately of any additions, deletions, or changes to any of the information I have provided on this form.

Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors' State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner-Builder and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers' compensation insurance coverage.

Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit.

Signature of property owner

Date:

The following person(s) have been contracted (hired) to provide the work indicated:

Name	Address	Phone	Type of Work	License/Class No.



CITY OF EL PASO DE ROBLES

"The Pass of the Oaks"

CONSENT OF LANDOWNER FORM

Consent for Building Permit Type: _____

Project Address: _____

Property Owner: _____ Day Phone: _____

Mailing address: _____

City: _____ Zip Code: _____

Person authorized to act as Agent/Applicant: _____

Applicant/Agent Day Phone: _____

Mailing address: _____

City: _____ Zip Code: _____

I/We, the undersigned owner(s) of record of the fee interest in the above noted land for which an application for a building permit is being requested, do certify that:

- I. Such application may be filed and processed with my/our full consent. The applicant is authorized to act as my agent in all contacts with the City in connection with this matter. I/We hereby grant the City of Paso Robles or any of its authorized agents the right to enter upon the land described herein at any time during normal business hours for the purposes of site inspection

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Property owner signature Date

BUILDING DIVISION APPLICATION NUMBER: _____

HAZARDOUS MATERIALS QUESTIONNAIRE

State Law, effective July 1989, (AB 3205, Chapter 1589 – Statutes 1988) prohibits a City or a County from issuing Certificate of Occupancy if a business will handle Hazardous Materials unless the business has met or is meeting the requirement of a Business Plan for Emergency Response with the San Luis Obispo County Department of Health Services, Environmental Health Services, Hazardous Materials Management Division.

The law may also prohibit the permitting of a facility handling Acutely Hazardous Materials to be constructed within 1,000 feet of the outer boundary of a school (K-12) unless first meeting the requirements of a Risk Management and Prevention Program.

To determine whether your business is subject to these requirements, please read and complete this questionnaire.

If the answer to any of the questions below is yes, applicant must contact the Environmental Health Department, P.O. Box 1489, 2191 Johnson Ave., San Luis Obispo, CA 93401. Telephone 805-549-5544.

Business Name _____ Contact Name _____

Mailing Address _____ Phone No. (____) _____

City _____ State _____ Zip _____

Site Address _____ City _____ Zip _____

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business activity generate Hazardous Waste in any quantity, in any physical form (solid, liquid, gas)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business, at any one time, store, use or handle Hazardous Substances in quantities equal to or greater than 55 gallons, 500 pounds or 200 cubic feet of compressed gas? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store, use or handle Carcinogens or Human Reproductive Toxins in any amount? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store, use or handle Gases with Threshold Limit Values or Time Weighted Averages of 10 parts per million or less? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business use an existing or install an Underground Storage Tank for Hazardous Substances or Hazardous Waste? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Will your business store, use or handle Acutely Hazardous Materials? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | If your business will be handling Acutely Hazardous Materials, will your business be located within 1,000 feet from the outer boundary of a school? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is your business listed on the reverse side of this form? |

Briefly describe the nature of the Business Activity or Process:

Printed Name of Owner or Authorized Agent

Title

Signature of Owner or Authorized Agent

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

BUILDING INSPECTION DEPARTMENT PERMIT FILE NUMBER _____

- Copy - Emergency Services
- Copy - Environmental Health Department

**LIST OF BUSINESSES WHICH REQUIRE REVIEW AND APPROVAL FROM THE
HAZARDOUS MATERIALS MANAGEMENT DIVISION**

AUTOMOTIVE

BATTERY MANUFACTURING
BOAT YARD
CAR WASH
DEALERSHIP, USED CAR: OIL AND SAFETY KLEEN
DEALERSHIP, NEW CAR: MAINTENANCE AND PAINT
MACHINE SHOP
PAINTING
RADIATOR SHOP
RENTAL YARD EQUIPMENT
REPAIR, PREVENTIVE MAINTENANCE
REPAIR, MAJOR OVERHAUL
TRANSPORTATION SERVICES
WRECKING AND RECYCLING

METAL WORKING

ENGRAVING
FINISHING-COATING, PAINTING, FLAME SPRAYING
FOUNDRY
MACHINE SHOP-DRILLING, LATHES, MILLS (NON-AUTO)
PLATING, NICKEL, CHROME, COPPER, ANODOZING
PLATING, SILVER, GOLD
PRECIOUS METAL RECOVERY
PREPARATION, CHEMICAL MILLING, SAND BLASTING, GRINDING
STEEL FABRICATOR
WROUGHT IRON MANUFACTURING

CHEMICAL HANDLING

AGRICULTURAL SUPPLIES
CHEMICAL AND LABORATORY SUPPLIES
COATINGS
COMPRESSED GAS SUPPLIER
DRY CLEANING
GAS STATION/UG TANKS ONLY
INDUSTRIAL LAUNDRY
LABORATORIES, NON-BIOLOGICAL
OIL AND FUEL BULK SUPPLY
PESTICIDE OPERATION
PHOTOGRAPHIC PROCESSING
POOL SUPPLIES
POOL MAINTENANCE
PRINT SHOP
ROAD COATINGS
SWIMMING POOL
TOXIC GAS MFG
TOXIC GAS HANDLER

ELECTRONICS

ELECTRONIC COMPONENTS MFG
ELECTRONICS ASSEMBLY AND SUB ASSEMBLY
PC BOARD MFG

OTHERS AND MISCELLANEOUS

ASPHALT PLANT
CAL TRANS
CLINICS, DIALYSIS CENTERS (INFECTIOUS WASTE)
CO-GENERATION PLANT
HAZARDOUS WASTE HAULERS
HOSPITALS
LABORATORIES, BIOLOGICAL
ROCK QUARRY
PACIFIC GAS & ELECTRIC
TELEPHONE COMPANY

AEROSPACE

AEROSPACE INDUSTRY
AIRCRAFT MANUFACTURING
AIRCRAFT MAINTENANCE, COMMERCIAL
AIRCRAFT MAINTENANCE, CIVIL



CITY OF EL PASO DE ROBLES
"The Pass of the Oaks"

Revised: January 2, 2008

TO: Commercial Wastewater Discharge Permit Applicants

SUBJECT: Wastewater Discharge Permit Application as Mandated by the US Environmental Protection Agency (EPA) and State Regional Water Quality Control Board (RWQCB).

State and Federal regulations require the City to issue regulatory permits to all commercial and industrial businesses that discharge to the wastewater collection and treatment facilities. The City is required to identify and permit those businesses or industries that have the potential to discharge unconventional wastes into the sewer system.

In response to the State and Federal mandates, the City has developed the enclosed application form. Please review the application and instructions carefully before completing. Upon completion, return the entire application to the address provided. Upon receipt the City will review the application and issue a permit.

If you have any questions or need assistance concerning this application or permit process, please contact Patti Gwathmey at the City of Paso Robles Wastewater Division at 805 227-1654 from 7:00 a.m. to 3:30 p.m. Monday through Friday.

Sincerely,

Patti Gwathmey

Patti Gwathmey
Industrial Waste Manager



CITY OF PASO ROBLES
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION

PLEASE PRINT OR TYPE APPLICATION

1. *Enter the name of the business and the physical street address where the discharge will take place in the City of Paso Robles, and the mailing address, and telephone number contact.*

Business Name: _____

Physical Street Address of Discharge Location: _____

Mailing Address: *(if same as above, write same)* _____

City: _____ State: _____ Zip _____

Phone No: _____ Cell No: _____ FAX No: _____

2. *Enter the name of the individual or corporation that owns the business listed above, the mailing address, and telephone number. If a corporation, attach separate sheet setting out names and addresses of all officers thereof.*

Name of Business Owner *(If same as #1, write same)* _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone No: _____ Cell No: _____ FAX No: _____

3. **Person to be contacted about this application:** *Identify contact person, this person must be thoroughly familiar with the facts as reported in this application and must be available to City personnel for questions/comments. (Officer or authorized employee of above named company)*

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip _____

Phone No: _____ Cell No: _____ FAX No: _____

4. **Person to be contacted in a wastewater related emergency:** *Identify contact person for emergency purposes. This person must be familiar with the facts as set out in this application and must have the ability to disarm any alarms as may be necessary in an emergency. Contact is for after approval of permit and any construction.*

Name: _____ Title: _____

Day Phone No: _____ Cell No: _____ Night No: _____

5. Indicate the type of sewer service the business will be using. (Check one)

City Sewer System _____

Septic Tank _____

6. Indicate the type of business that the wastewater discharge permit would apply to. (Check and describe all that apply to your business activity)

Auto Detail/Wash

Medical Services

Auto Service/Repair

Personal Services

Bakery

Professional Services

Food Processing

Photo Processing

Food Services/Restaurant

Printing

Hotel/Motel

Public Service

Laundry/Dry Cleaning

Retail Sales

Machine Shop

Wholesale Distribution

Manufacturing/All Types

Other (please describe below)

Briefly Describe Business: _____

7. Indicate all days and times your business is in operation: _____ AM to _____ PM

SU M TU W TH F SA (Circle all That Apply)

8. Does your facility utilize any of the processes listed below? (Check all activities which apply to your business)

Adhesives

Nonferrous Metals

Aluminum Forming

Organic Chemicals

Auto (car) Wash

Paint & Ink

Auto Servicing

Pesticides

Battery Manufacturing

Petroleum Refining

Copper Forming

Pharmaceutical

Dry Cleaning

Photographic Supplies

Electric & Electronic Components

Plastic & Synthetic Materials

Electroplating

Plastics Processing

Explosives Manufacturing

Porcelain Enamel

Foundries

Printing & Publishing

Gum & Wood Chemicals

Paper Processing

Inorganic Chemicals

Rubber

Iron & Steel

Soaps & Detergents

Leather Tanning & Finishing

Mechanical Products

9. What types and amounts of wastewater will your facility be generating? (Check all types of waste water generated by your business and fill in the "average gallons per day" column)

	Average Gallons Per Day
a. <input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)	_____
b. <input type="checkbox"/> Cooling Water, non-contact	_____
c. <input type="checkbox"/> Boiler	_____
d. <input type="checkbox"/> Cooling water, contact	_____
e. <input type="checkbox"/> Process	_____
f. <input type="checkbox"/> Equipment/Facility Wash Down	_____
g. <input type="checkbox"/> Air Pollution Control Unit	_____
h. <input type="checkbox"/> Storm Water Runoff to Sewer	_____
i. <input type="checkbox"/> Other (describe below)	_____

Remarks: _____

10. Seasonal wastewater variations: Determine if your business has seasonal wastewater discharge variations and explain. Yes _____ No _____ (If yes, describe below)

11. Are any of the following materials to be used or stored on the premises? (Check all that apply to your business)

- Flammable or explosive materials
- Acid, alkaline, or corrosive material
- Pesticides or toxic material such as Aldrin, Dieldrin
- Benzidine, Cadmium, Cyanide, DDD, DDE, DDT, Endrin
- Mercury, PCB's, Toxaphene, etc.
- Oil, grease or solvents
- Metal solutions
- Phenols
- Large amounts of soaps or detergents
- Radioactive materials
- Dyes
- Tetrachloroethylene (AKA: PCE or "Perc.")

Give approximate quantities used or stored of all items checked:

12. Do you wish to obtain permission to discharge any of the following? Check all which pertains to your business or those which you anticipate may be discharged into the City sewer system.

These items are regulated and may be discharged only with the specific permission of the City. Give details in the remarks area below.

	YES	NO
a. More than 50,000 gallons per day?	_____	_____
b. A "slug"? (More than five times the normal flow or strength for longer than 15 minutes)	_____	_____
c. A concentration of BOD or suspended solids in excess of 250 mg/L?	_____	_____
d. 200lbs of COD per day?	_____	_____
e. Animal or vegetable derived oil or grease in excess of 20 mg/L; Or petroleum derived oil or grease in excess of 20mg/L?	_____	_____
f. pH between 6.0 and 9.0? (Less than 6 or greater than 9 is prohibited)	_____	_____
g. Metals, metal pickling wastes or plating solutions, phenols or other taste or odor producing substances, soaps or detergents?	_____	_____
h. Temperatures over 150° F or 66° C maximum?	_____	_____
i. Storm water, cooling water, etc., which is polluted or otherwise unacceptable for discharge into storm drains or other natural outlets?	_____	_____
j. Garbage? (Except from homes or restaurants)	_____	_____
k. Radioactive waste?	_____	_____
l. Swimming pool water?	_____	_____
m. Materials which cause unusual amounts of inert suspended solids, (e.g. soil solids) dissolved solids (e.g. sodium chloride), or discoloration (e.g. dyes)?	_____	_____
n. Discharging substances regulated by EPA?	_____	_____

If any of the above questions are marked "YES", give details of each in the "REMARKS" section below, or attach separate sheet if necessary.

NOTE: THESE ITEMS MAY BE DISCHARGED ONLY IF SPECIFICALLY APPROVED.

Remarks: _____

13. **Does your facility have any floor drains to the sewer system? If your business has floor drains, indicate locations of each on your attached site plan.**

Yes _____ No _____

14. **Does your facility have a grease trap or oil/water separator? Indicate if your business utilizes a grease trap and if so, describe the location(s).**

Yes _____ No _____

Location(s): _____

15. **Type of pre-treatment system used or planned for future use. Check any that may apply. These are treatments that are done to any waste before it is discharged into the City sewer system. Describe in remarks below sufficient detail to enable staff to estimate its effectiveness on the waste being pre-treated.**

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Grinding |
| <input type="checkbox"/> Biological Treatment | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Oil & Water Separation | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Chlorination or Disinfection | <input type="checkbox"/> pH Adjustment |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Other (explain) | |

Remarks: _____

16. **Does your facility have a Spill Prevention and Control Plan? Yes _____ No _____**
(If yes, please attach a copy with this application)

17. **A site plan of the premises MUST be included with this application. This application will be considered incomplete if no site plan is included. Failure to submit a site plan will result in this application being denied and no permit will be issued.**

The attached sheet can be used for your site plan.

Site plan must show all pertinent buildings, property lines, streets and roads. Indicate all sewers, storm drains, drainage ditches, manholes, sampling and monitoring locations and show the sizes of these items. Show all points of connection to the public sewer and drain lines. Indicate direction with a North arrow. Use additional sheets if necessary.

SITE PLAN

CITY OF PASO ROBLES
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION
PAGE 6 OF 7

CERTIFICATION INSTRUCTIONS

The application must be signed and dated by an officer, or duly authorized employee of the business who has **legal authority** to bind the applicant business. Also, type or print the name and title of that person signing the application.

RETURN OF APPLICATION TO CITY:

Return the entire completed application to the address below.

City of Paso Robles
Public Works Department
Wastewater Division
3200 Sulphur Springs Road
Paso Robles, CA 93446

CERTIFICATION

WARNING: DISCHARGE OF SUBSTANCES INTO THE SEWER SYTEM IS REGULATED BY LAW AND IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES. IF YOU ANTICIPATE DISCHARGING ANY SUBSTANCES OTHER THAN DOMESTIC SEWAGE, YOU ARE ADVISED TO READ THE CITY OF PASO ROBLES MUNICIPAL CODE.

The sewage system operation code prohibits any discharge which would cause a hazard or interfere with the operations of the City's facilities, or would result in contamination, nuisance, or pollution of waterways (refer to Sewer Code). In addition, the Sewer Code specifically prohibits and/or limits the discharge of any substances listed in the Sewer Code.

CERTIFICATION: I certify, under penalty of law, that this document and all attachments thereto are true, accurate and complete to the best of my knowledge. I am aware there are significant penalties for knowingly submitting false information, including the possibility of fine or imprisonment.

Signature_____

Date_____

Name_____

Please Type or Print Name of Signature above [Must be Officer or Employee of Company]

Title_____



CITY OF EL PASO DE ROBLES

"The Pass of the Oaks"

Time Frame for Engineering Completion of the Plan Review Process

City of Paso Robles Engineering Division Phone (805) 237-3860 Fax (805) 237-6565

ATTENTION CONTRACTORS, DEVELOPERS, AND CONSULTANTS:

Effective January 21, 2002, quoted time frames for completion of the plan review process for Housing Tracts, Public Improvements, and Commercial/Industrial projects (excluding that time consumed by the contractor or developer for correction and/or amendment) shall be as follows:

Initial plan review* (first plan check):

Forty-five (45) working days (this excludes weekends and holidays) will be required to complete the initial plan review process.

Second plan review* (plan recheck):

Forty-five (45) working days (this excludes weekends and holidays) will be required to complete the second, and subsequent, plan review (recheck).

Plan review for small permits:

Thirty (30) working days for initial plan review for all Single Lot Grading. Allow *twenty (20)* days to complete the second plan review (recheck).

*Please note that the time frames quoted above **do not** include that time period when plans are in the possession of the contractor, developer, or consultant for correction and/or amendment.

All submittals subject to the Subdivision Map Act will be processed in accordance with time frames stated within the Act.



Construction Permit Application Concurrent Processing Request Form

City of Paso Robles Community Development Department

CONCURRENT PROCESSING REQUESTED**

** Concurrent Processing is defined as a project reviewed by applicable Departments/Divisions of the City of Paso Robles *concurrently*.

· Project No. _____ · Use Permit No. _____ · Parcel Map No. _____
· Building Permit No. _____

Description of project or work to be done:

I, _____ as owner of the property located at: _____ within the City of Paso Robles hereby request that my project be processed concurrently by all applicable Departments/Divisions of the City of Paso Robles. I understand that should the project be determined by any Department or Division of the City to require re-design or substantial change, that review of said changes may result in additional processing time and/or additional fees being charged.

I hereby understand and agree to the above:

Owner Signature: _____ Date: _____, 20__

FOR OFFICE USE ONLY!

O.K. To process concurrently? Planning Division: · Yes · No By: _____
 Building Division: · Yes · No By: _____
 Other: · Yes · No By: _____

Date: ____ / ____ / 20__ Comments: _____