



**CITY OF CANYON LAKE MINOR PLOT PLAN APPLICATION**

31516 Railroad Canyon Road, Canyon Lake, CA 92587  
Phone: (951) 244-2955 Fax: (951) 246-2022 Project # \_\_\_\_\_  
Date: \_\_\_\_\_ Fee - \$100.00

**Note: This application is for approval of land use purposes only, and does not grant approval for any other licenses or permits that may also be required.**

**GENERAL INFORMATION**

Name of Business or Use \_\_\_\_\_  
Property Address \_\_\_\_\_  
Property/Building Owner \_\_\_\_\_  
Contact Person \_\_\_\_\_ Business Owner \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

**GENERAL PROPERTY AND BUILDING INFORMATION**

How is building to be used? \_\_\_\_\_  
How was building previously used? \_\_\_\_\_  
If vacant, how long? \_\_\_\_\_  
Uses of adjacent tenant(s) \_\_\_\_\_  
Area of building to be used \_\_\_\_\_ s.f. Number of paved parking spaces for use \_\_\_\_\_  
Do proposed operations involve any storage or activities outside of building? \_\_\_\_\_  
Do proposed operations involve use of hazardous or toxic materials? \_\_\_\_\_  
Is building equipped with fire sprinklers? \_\_\_\_\_ Fire alarms? \_\_\_\_\_  
Attach a description of the proposed business operation, hours of operation, number of employees, processes involved, and major types of machinery and equipment (not including office equipment or retail fixtures). \_\_\_\_\_

Please provide a dimensioned (8½"x11" min.) sketch of the floor plan, including each room. Indicate the proposed use of each room and depict all doorways and windows.

**NOTICE**

- You are hereby advised of the following:
- a. All new signs and changes of existing signs will require a separate permit which must be processed through the Planning Division.
  - b. All changes or additions to electrical, plumbing, mechanical, or structural elements require a building permit from the Building Division.





Elsinore Valley Municipal Water District

**COMMERCIAL/INDUSTRIAL INFORMATION FORM**

Please be aware, that the submission of this form is mandatory requirement of sewer use from the EVMWD Industrial Pretreatment Program, which is mandated by the Federal EPA. Failure to comply can result in fines and/or penalties along with the refusal to provide water and/or sewer service.

|                          |             |
|--------------------------|-------------|
| <b>Business Name:</b>    |             |
| <b>Facility Address:</b> |             |
| <b>Mailing Address:</b>  |             |
| <b>Contact Name:</b>     |             |
| <b>Title:</b>            |             |
| <b>E-mail Address:</b>   |             |
| <b>Telephone:</b>        | <b>Fax:</b> |

|                            |  |
|----------------------------|--|
| <b>Nature of Business:</b> | (1) Briefly describe type of business, and (2) any activities that produce wastewater. |
|                            |  |
|                            |  |
|                            |  |

Please answer each of the following questions:

|    |                                 |                                |   |
|----|---------------------------------|--------------------------------|---|
| 1. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Is business or facility connected to EVMWD's sewer system?<br>(Are there toilets, sinks, or drains in the facility connected to EVMWD's sewer system?)  |
| 2. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Does this business or facility discharge <b>ANYTHING OTHER THAN</b> domestic - toilet and hand sink - wastewater to EVMWD's sewer system?   |
| 3. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Does this business have shop or facility floor drains, other than in restrooms?   |
| 4. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Does this business or facility store chemicals (other than household types) and/or petroleum/solvent products onsite?<br><br>If answer is yes, provide information below on materials stored. (attach and use extra page if needed) |

| Chemical or Active Ingredients | Brand Name | Purpose for chemical | Container size, gallons | Estimated amount on-site: |              |
|--------------------------------|------------|----------------------|-------------------------|---------------------------|--------------|
|                                |            |                      |                         | Avg. gallons              | Max. gallons |
|                                |            |                      |                         |                           |              |
|                                |            |                      |                         |                           |              |
|                                |            |                      |                         |                           |              |
|                                |            |                      |                         |                           |              |
|                                |            |                      |                         |                           |              |

Please submit this form ASAP to the EVMWD Industrial Pretreatment Program using one of the following methods:

Fax: (951) 245-5946  
 E-mail: kmarinez@evmwd.net  
 Mail: PO Box 3000 Lake Elsinore, CA 92531-3000

If you have questions or need help completing this form, please contact the EVMWD Industrial Pretreatment Program at (951) 674-3146 ext. 8326 or 8327.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)

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