



Permit#: _____

Date: _____

BUILDING PERMIT APPLICATION

BUILDING PROGRAM



Job Site Address: _____

Property Owner's Name: _____ **Email:** _____

Address: _____

Phone: _____ **Fax:** _____

Job Description: _____ **Valuation: \$** _____

Project Includes Electrical Plumbing Mechanical Demolition of Entire Structure

Applicant's Name: _____ **Email:** _____

Address: _____

Phone: _____ **Fax:** _____

Architect: _____ **Email:** _____

Phone: _____ **Fax:** _____

Engineer: _____ **Email:** _____

Phone: _____ **Fax:** _____

Contractor **Owner/Builder** **TBD**

Contractor's Business Name: _____ **Lic. No.:** _____

License Class: _____ **Expiration Date:** _____ **Worker's Comp. Exempt?** Yes No

Address: _____ **City, State, Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Worker's Comp Carrier: _____ **Policy No.:** _____ **Exp. Date:** _____

Signature: _____ **Printed Name:** _____

Type of Construction: _____ Occupancy Classification: _____

Existing Fire Sprinklers: Yes No

Pre-Approved Garden Cottage ADU: Yes No

Have modifications been made to the pre-approved plans? Yes No

PV System: Roof Mounted or Ground Mounted, STC Rating _____ kW DC,
 New Main Panel: _____ (e.g. 100A) New Subpanel(s): _____ (e.g. 125A, 200A)
 New Batteries: _____ QTY (e.g. 3 batteries)

Residential Non-Residential

New Building Addition Misc. Repair Alteration
 Termite/Decay Repair Demolish Tenant Improvement Fire Repair
 Chimney Repair Remodel Other: _____

Description of Building:

Single Family Duplex/Townhouse Condominium Office/Professional
 Apartment Restaurant Historical Medical Church
 Retail Accessory Bldg. Other: _____
 Accessory Dwelling Unit

Residential Addition/New Construction:

Conditioned Area _____ s.f.
 Garage _____ s.f.
 Deck/Balcony/Arbor/Covered Porch _____ s.f.
 Other New _____ s.f.

Residential Remodel:

Kit/Laundry/Bath
 w/ framing _____ s.f.
 w/o framing _____ s.f.
 Garage Remodel _____ s.f.
 Living/Bedroom/Other _____ s.f.
 Deck/Balcony/Covered Porch _____ s.f.

Commercial:

New Construction/Addition _____ s.f.
 T.I. _____ s.f.
 Other _____ s.f.

FOR OFFICE USE ONLY	
CCSD	<input type="checkbox"/>
Special Inspect.	<input type="checkbox"/>
Deferred Sub.	<input type="checkbox"/>
# of Plan Pages	_____
Payment: Check	# _____
Credit	<input type="checkbox"/>
Route:	
Planning	Y / N / Apr
Engineering	Y / N / Apr
Building	In / Out / Apr