City of Colton
Development Services Department
Building and Safety Division
659 N. La Cadena Dr.
909-370-5079 P.
909-783-0875 F.
www.coltonca.gov.
7:30 a.m. to 4:00 p.m. Monday - Thursday

APPLICATION for BUILDING PERMIT PLAN CHECK

Planning File/ ID: (DAP, PRE,, etc.)	**Specific Plan:**	**Zoning:**	**Council District:**

Job Site Address:	**Pc/Permit No.:**

Property Owner	Name:				Telephone: ( )
	Mailing Address:				Cell-Phone: ( )
	City:	State:	Zip:	Email:	Fax: ( )
Applicant	Name:				Telephone: ( )
	Mailing Address:				Cell-Phone: ( )
	City:	State:	Zip:	Email:	Fax: ( )
Contractor	Name/company:				Telephone: ( )
	Mailing Address:				Cell-Phone: ( )
	City:	State:	Zip:	Email:	Fax: ( )
	State License #:	State License Class:			City Business License #:
Arch/Eng/ Designer	Name::			State Lic./Reg.:	Telephone: ( )
	Mailing Address:				Cell-Phone: ( )
	City:	State:	Zip:	Email:	Fax: ( )

Description of Proposed Work: (Please provide a complete description of the proposed work for which you wish to obtain a permit. If submitting plans for review, please indicate precisely what these plans are being submitted for.)

Type of Const:	Occupancy Class.:	Floor Area:	Valuation:
# of Buildings:	# of Units:	# of Bedrooms:	# of Bathrooms:
# of Stories:	Tract No:	Lot No:	APN:

APPLICATION FOR BUILDING PERMIT AND PLAN CHECK

(Description of Proposed Work Continued :)

Is this application for a Medical Clinic:	☐ YES	If yes, What Type of Clinic?
That will Licensed By ASHPOD III	☐ NO	☐ Primary-Care ☐ Specialty ☐ Psychology

I'm Submitting	_____	Sets of Complete Working Plans.
I'm Submitting	_____	Sets of Complete Structural Calculations. Comp.
I'm Submitting	_____	Sets of Energy Calculations. Comp. Forms,
I'm Submitting	_____	Sets of Preliminary Soils Report.
I'm Submitting	_____	Sets of Hydrology and Hydraulic Calculations Reports.
I'm Submitting	_____	Sets of Landscape Plans
I'm Submitting	_____	Reference Plans/Documents

APPLICANT:

I am aware that an incomplete submittal may be returned to me, or my designee, without being reviewed, I am also aware that these plans will only be reviewed for the work that I have described on this application.

Print Name	Signature	Date
_____	_____	_____

Note: **APPLICATION FOR PLAN CHECK ARE VALID FOR 180 DAYS FROM THE DATE OF THE FIST APPLICATION. (**All applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and any other data submitted for review may thereafter be destroyed or returned to the applicant, at the sole discretion of the B&S Division. The B&S Division, upon receiving written request from the applicant showing that circumstances beyond his/her control have prevented action from being taken, may extend the time for action by the applicant for a single period not exceeding 180 days. No application shall be extended more than once. In order to renew action on an application after expiration, the applicant shall resubmit a new complete application (plans, calculations, and any other supporting data) and pay a new plan check fee.