APPLICATION FOR BUILDING PERMIT

APPLICATION NO.: PR:_____ *(FOR OFFICE USE ONLY)*

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS – ST: _____ ASSESSOR INFORMATION NO.: _____-- _____ -- _____

OWNER'S NAME: _____ _____ _____ OWNER/BUILDER: YES☐ NO ☐
(LAST NAME/BUSINESS NAME) (FIRST) (MI) ***(IF YES, COMPLETE OWNER/BUILDER DECLARATION)***

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

TENANT: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

APPLICANT: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

CONTRACTOR: _____ _____ _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

ARCH/ENG: _____ _____ _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

WORK DESCRIPTION: _____

_____

VALUATION: $_____ BUILDINGS ON LOT: _____

PROJECT SIZE: _____ SQ.FT. NO. OF STORIES _____ CONSTRUCTION TYPES: _____ OCCUPANCY GROUPS: _____

THIS DOCUMENT IS TWO-SIDED

DOCUMENT CHECKLIST: (Specify number of each submitted)

_____ SET(S) OF PLANS	_____ SET(S) OF STRUCTURAL CALCS
_____ SET(S) OF ENERGY CALCS	_____ SET(S) OF MECHANICAL PLANS
_____ NUMBER OF SOILS REPORTS	_____ SET(S) OF PLUMBING PLANS
_____ ON CD / FLASH DRIVE / PDF	_____ SET(S) OF ELECTRICAL PLANS

ACKNOWLEDGMENT FORM

AS APPLICANT OF THIS PROJECT, I UNDERSTAND THAT:

1. Required agency approvals, as indicated on the attached Agency Referral Form, will be required before plan can be approved.
2. After the first plan check review, an additional plan check review fee may be incurred if plans are revised due to agency requirements.
3. Plan check review fees will not be refunded once plan check review has commenced or if required agency approvals cannot be obtained.

HOWEVER, I CHOOSE TO SUBMIT THE PLANS FOR BUILDING PLAN CHECK REVIEW BEFORE OBTAINING APPROVALS FROM THE REQUIRED AGENCIES, SUCH AS: DEPARTMENT OF REGIONAL PLANNING, FIRE DEPARTMENT, HEALTH DEPARTMENT, ETC.

APPLICANT/OWNER SIGNATURE: _____ **DATE:** _____

CITY'S TRANSPARENCY POLICY FOR CONTRACTORS

Have you had any negative disciplinary actions from the Contractors State License Board (CSLB) within the past five years? If so:

CASE NUMBER AND REASON(S): _____

PROPERTY OWNER SIGNATURE: _____