Permit#: _____ **Date:** _____

BUILDING PERMIT APPLICATION

BUILDING PROGRAM

Job Site Address: _____

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

Address: _____

Phone: _____ **Valuation** $: _____

Job Description: _____

_____

Project Includes: ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Demolition of Entire Structure

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Architect: _____

Address: _____

Phone: _____ Email: _____

Engineer: _____

Address: _____

Phone: _____ Email: _____

Responsible Party: ☐ **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: _____

Applicant's Signature:_____ **Printed Name**:_____

Please complete both pages of this application.

Type of Construction:_____ **Occupancy Classification:**_____

Existing Fire Sprinklers: ☐ 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) Distance apart* _____*inches*

Permit Type:

☐ **Residential** ☐ **Non-Residential**

☐ New Building ☐ Addition ☐ Misc. Repair ☐ Fire Repair

☐ Termite/Decay Repair ☐ Demolish ☐ Tenant Improvement

☐ Water Damage 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.

Landscaping:

☐ New..... _____s.f.

☐ Replacement ..... _____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.

☐ Siding ..... _____s.f.

Miscellaneous Electrical/Plumbing/Mech:

Installation Location: ☐ New ☐ Same

Efficiency Rating: ..... _____SEER(2)

_____AFUE

_____HSPF

Main Service Panels/Other:

Existing: _____AMPS

Proposed: _____AMPS

Commercial:

☐ New Construction/Addition ..... _____s.f.

☐ T.I. ..... _____s.f.

☐ Other ..... _____s.f.

Retaining Walls:

☐ Linear Feet..... _____l.f.

☐ Max Height..... _____