



## BUILDING PERMIT APPLICATION

DATE: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

Plan Check Number: \_\_\_\_\_

Please print clearly and fill in all that apply.

PROJECT ADDRESS: \_\_\_\_\_ APN: \_\_\_\_\_

☐ PROPERTY OWNER

☐ TENANT

☐ ENGINEER

☐ ARCHITECT

☐ DESIGNER

NAME: \_\_\_\_\_

LICENSE/ REGISTRATION #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX#: (\_\_\_\_) \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

TENANT COMPANY NAME: \_\_\_\_\_

FAX#: (\_\_\_\_) \_\_\_\_\_

Jurisdictions may require written approval from the owner.

E-MAIL ADDRESS: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE#: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

☐ CONTRACTOR

☐ OWNER-BUILDER

LICENSE#: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

COMPANY/NAME: \_\_\_\_\_

FAX#: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect

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

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason:

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvements is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Profession Code: The Contractors License Law does not apply to an owner of property who build or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.).

☐ I am exempt under Sec. \_\_\_\_\_ B.&P.C. for this reason: \_\_\_\_\_

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

**WORKERS'COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

CARRIER: \_\_\_\_\_ POLICY#: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest and attorney's fees.

**CONSTRUCTION LENDING AGENCY:**

☐ I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. 1.)

Lender's Name: \_\_\_\_\_ Lenders Address: \_\_\_\_\_

☐ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the aforementioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

# BUILDING PERMIT APPLICATION WORKSHEET

-Page 2-

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY.

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ ZONE: \_\_\_\_\_ FIRE SPRINKLERS: ☐ YES ☐ NO  
HAZARDOUS MATERIALS: ☐ YES ☐ NO EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

ASSESSOR'S PARCEL#: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

DESCRIPTION OF WORK : (Please fill-in and mark all that apply)

CONSTRUCTION VALUATION: \_\_\_\_\_

(Market value of project.)

☐ NON-RESIDENTIAL

☐ RESIDENTIAL

- |                                             |                                            |                                          |                                                 |                                             |
|---------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> New Building       | <input type="checkbox"/> Addition          | <input type="checkbox"/> Alteration      | <input type="checkbox"/> Termite Dry Rot Repair | <input type="checkbox"/> Demolish           |
| <input type="checkbox"/> Move Building      | <input type="checkbox"/> Fire Sprinklers   | <input type="checkbox"/> Sign            | <input type="checkbox"/> Foundation Only        | <input type="checkbox"/> Chimney Repair     |
| <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Swimming Pool/Spa | <input type="checkbox"/> Fire Repair     | <input type="checkbox"/> Repair/ Retrofit       | <input type="checkbox"/> Tree Removal       |
| <input type="checkbox"/> Other: _____       |                                            | <input type="checkbox"/> Fire Sprinklers | <input type="checkbox"/> Fire Suppression       | <input type="checkbox"/> Combination Permit |

Description: \_\_\_\_\_

DESCRIPTION OF BUILDING: (Please fill-in and mark all that apply)

- |                                                   |                                               |                                              |                                            |                                           |                                             |
|---------------------------------------------------|-----------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Single Family        | <input type="checkbox"/> Duplex              | <input type="checkbox"/> Townhouse         | <input type="checkbox"/> Condominium      | <input type="checkbox"/> Apartment Building |
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Industrial          | <input type="checkbox"/> Service Station   | <input type="checkbox"/> Medical Building | <input type="checkbox"/> Restaurant         |
| <input type="checkbox"/> Accessory Building       | <input type="checkbox"/> Historical           | <input type="checkbox"/> Educational /School | <input type="checkbox"/> City/County Owned |                                           |                                             |
| <input type="checkbox"/> Church/Assembly          | <input type="checkbox"/> Store                | <input type="checkbox"/> Other: _____        |                                            |                                           |                                             |

Building Area: \_\_\_\_\_ Sq. Ft. Building Height: \_\_\_\_\_ Ft. Stories: \_\_\_\_\_  
(Total of existing and proposed.)

EXISTING (SQ. FT.): FLOOR AREA: \_\_\_\_\_ GARAGE: \_\_\_\_\_ OTHER: \_\_\_\_\_ UNITS: \_\_\_\_\_

ADDITIONAL SQ. FT. PROPOSE: FLOOR AREA: \_\_\_\_\_ GARAGE: \_\_\_\_\_ OTHER: \_\_\_\_\_ UNITS: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Lot Size (SQ.FT): \_\_\_\_\_ Lot Dimension (Front/Side/Rear): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Impervious Coverage %: \_\_\_\_\_

Setbacks (FT.): FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

Easements: ☐ YES ☐ NO Flood Zone: ☐ YES ☐ NO City sewer: ☐ YES ☐ NO Septic: ☐ YES ☐ NO

City water: ☐ YES ☐ NO Water well: ☐ YES ☐ NO Underground electrical service: ☐ YES ☐ NO

## OFFICIAL USE ONLY

PLANS EXAMINATION: ☐ YES ☐ NO EXPRESS PLANS EXAMINATION: ☐ YES ☐ NO

PLANS SUBMITTAL REQUIREMENTS: THREE (3) COMPLETE SETS OF PLANS TO INCLUDE THE FOLLOWING:

- |                                                                                                                                        |                                          |                                                 |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SITE PLAN ( Include site drainage details, all property lines, easements, utilities and impervious coverage.) |                                          |                                                 |                                                                                            |
| <input type="checkbox"/> GRADING PLAN                                                                                                  | <input type="checkbox"/> FLOOR PLAN      | <input type="checkbox"/> EXTERIOR ELEVATION(S): | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side |
| <input type="checkbox"/> STRUCTURAL DETAILS                                                                                            | <input type="checkbox"/> ROOF FRAMING    | <input type="checkbox"/> FLOOR FRAMING          | <input type="checkbox"/> WALL FRAMING                                                      |
| <input type="checkbox"/> BUILDING SECTION(S)                                                                                           | <input type="checkbox"/> WALL SECTION(S) | <input type="checkbox"/> FOUNDATION PLAN        | <input type="checkbox"/> ELECTRICAL PLAN                                                   |
| <input type="checkbox"/> PLUMBING PLAN                                                                                                 | <input type="checkbox"/> MECH. PLAN      | <input type="checkbox"/> OTHER: _____           |                                                                                            |

SUPPORT DOCUMENTATION: (Include two complete sets of the following support documentation for this project.)

- |                                                       |                                                         |                                             |
|-------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> TITLE 24 ENERGY CALCULATIONS | <input type="checkbox"/> STRUCTURAL CALCULATIONS        | <input type="checkbox"/> GEOLOGICAL REPORT  |
| <input type="checkbox"/> SOILS ENGINEER REPORT        | <input type="checkbox"/> SPECIAL INSPECTION INFO        | <input type="checkbox"/> TRUSS CALCULATIONS |
| <input type="checkbox"/> FIRE SPRINKLER CALCULATIONS  | <input type="checkbox"/> FIRE HYDRANT FLOW CALCULATIONS |                                             |

HAZARDOUS MATERIALS

☐ YES ☐ NO

- |                                                                 |                                                                 |                                          |
|-----------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> ABOVE GROUND STORAGE                   | <input type="checkbox"/> INDOOR STORAGE                         | <input type="checkbox"/> OUTDOOR STORAGE |
| <input type="checkbox"/> UNDERGROUND STORAGE                    | <input type="checkbox"/> MATERIAL SAFETY DATA SHEETS (MSDS)     |                                          |
| <input type="checkbox"/> HAZARDOUS MATERIAL INVENTORY STATEMENT | <input type="checkbox"/> HAZARDOUS MATERIALS MANAGEMENT PLAN    |                                          |
| <input type="checkbox"/> SECONDARY CONTAINMENT INFORMATION      | <input type="checkbox"/> EMERGENCY RESPONSE PLAN (KNOX CABINET) |                                          |
| <input type="checkbox"/> PERSONNEL TRAINING AND PROCEDURES      | <input type="checkbox"/> FIRE DEPARTMENT LIAISON                |                                          |

## ROUTE TO:

☐ COUNTY ENVIRONMENTAL HEALTH SERVICES ( If required, must be completed **prior** to submitting plans to the City.)

- |                                                         |                                                       |                                        |
|---------------------------------------------------------|-------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> BUILDING PLANS EXAMINER        | <input type="checkbox"/> ENGINEERING                  | <input type="checkbox"/> PLANNING      |
| <input type="checkbox"/> PUBLIC WORKS                   | <input type="checkbox"/> FIRE                         | <input type="checkbox"/> POLICE        |
| <input type="checkbox"/> WATER QUALITY CONTROL DISTRICT | <input type="checkbox"/> AIR QUALITY CONTROL DISTRICT | <input type="checkbox"/> FISH AND GAME |
| <input type="checkbox"/> FEMA                           | <input type="checkbox"/> OTHER: _____                 |                                        |

CREDIT CARD PAYMENT: ☐ VISA ☐ MASTERCARD ☐ AM EX ☐ OTHER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

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

(Authorizes Credit Card Payment of Fees)