



BUILDING PERMIT SUBMITTAL FORM

Applicant's Name: _____ Phone: _____

Please fill in applicable information below, and return this form to Building Division staff. Please provide any additional information you believe will assist the Building Division in processing your application, or ask for assistance.

Applicant to complete below (check appropriate box for applicant)

Only Building Division to complete below

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| <p>Job Site Address _____ Suite No. _____</p> <p>Tract _____ Lot _____ APN# _____</p> <p><input type="checkbox"/> Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p> | <p style="text-align: center;">Type of permit(s) requested</p> <p><input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical</p> <p>(Be sure to fill in the work sheet for each permit discipline)</p> <p>Occupancy _____ Type of Construction _____</p> <p>Proposed Work _____</p> <p>_____</p> <p>_____</p> |
| <p><input type="checkbox"/> Architect/Designer's Name _____ License No. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p> | <p>Special Conditions: <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Geological Condition <input type="checkbox"/> Post Tension Foundation</p> <p><input type="checkbox"/> Fuel Modification Area <input type="checkbox"/> Methane Barrier</p> <p><input type="checkbox"/> Special Fire Protection Area <input type="checkbox"/> Methane Mitigation</p> <p><input type="checkbox"/> Other _____</p> |
| <p><input type="checkbox"/> Engineer's Name _____ License No. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p> | <p>Tenant Improvement: <input type="checkbox"/> N/A</p> <p>Type of Business _____</p> <p>Company Name _____</p> <p>Contact Person of Company _____</p> <p>Tel No _____</p> |
| <p><input type="checkbox"/> Contractor's Company Name _____</p> <p>Contractor License No. _____ Lic. Expiration date _____</p> <p>Contractor License Class _____</p> <p>Address _____</p> <p>City, State Zip _____</p> <p>Tel No _____</p> <p>Workers' Comp Insurance Carrier _____</p> <p>Workers' Comp Policy No. _____</p> <p>Expiration Date of Policy _____</p> <p>City Business License No. _____ City Business License Expire Date _____</p> | <p>Square footage:</p> <p>Dwelling: _____ Attached Garage: _____</p> <p>Addition: _____ Alteration: _____</p> <p>Deck: _____ Attached Patio Cover: _____</p> <p>Reroof : _____ (sq) Gazebo : _____</p> <p>Detached Accessory structure: _____</p> <p>Pool / Spa: _____ / _____</p> <p>Fence/Retaining wall : _____ (linear feet)</p> <p>Tenant Improvement (existing/alterd) _____ / _____</p> <p>Office: _____ Warehouse: _____</p> <p>Other: _____</p> |