



# BUILDING PERMIT APPLICATION

PLEASE PRINT CLEARLY

BUILDING PERMIT NO.:
Related Files:
Department Use Only

*When performing work in an area with an HOA or other governing association or committee; you may be required to obtain their approvals. Any approvals are the responsibility of the property owner to obtain.*

PROJECT ADDRESS (NOT MAILING ADDRESS)		SUITE/UNIT NO.	DATE
OWNER		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
OWNER ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS			
CONTACT PERSON	PLEASE SELECT ONE: <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> DESIGNER <input type="checkbox"/> AGENT FOR OWNER <input type="checkbox"/> CONTRACTOR		
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
CONTACT ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS			
APPLICANT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
APPLICANT ADDRESS		CITY	STATE
		ZIP	E-MAIL ADDRESS
CONTRACTOR'S NAME - IF OWNER/BUILDER - HAS OWNER BEEN GIVEN THE OWNER'S ACKNOWLEDGMENT AND VERIFICATION FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONTRACTORS STATE LICENSE NUMBER & CLASSIFICATION		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS -
CONTRACTOR ADDRESS		CITY	STATE
		ZIP	E-MAIL ADDRESS
TYPE OF PERMIT (MARK ALL THAT APPLY)			
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GRADING <input type="checkbox"/> DEMOLITION			
TOTAL SQUARE FOOTAGE OF THIS PROJECT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> REPAIR			
COMMERCIAL/INDUSTRIAL:	RESIDENCE:	GARAGE:	DECK: COVERED PORCHES:
DESCRIPTION OF WORK:			
<input type="checkbox"/> OWNER/BUILDER <input type="checkbox"/> FOR SALE <input type="checkbox"/> FOR RENT			VALUATION OF WORK COVERED BY THIS APPLICATION
I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT			
SIGNATURE:			DATE:
OCCUPANCY GROUP	TYPE OF CONSTRUCTION	CBC EDITION USED	NO OF STORIES
CHANGE OF OCCUPANCY FROM: TO:			
NO. OF DWELLING UNITS	PRESENT USE		PROPOSED USE
HIGH FIRE SEVERITY ZONE <input type="radio"/> YES <input type="radio"/> NO	FIRE SPRINKLERS <input type="radio"/> YES <input type="radio"/> NO	FIRE ALARM SYSTEMS <input type="radio"/> YES <input type="radio"/> NO	FIRE STANDPIPES <input type="radio"/> YES <input type="radio"/> NO
IS THIS A CODE ENFORCEMENT CASE? <input type="radio"/> YES <input type="radio"/> NO IF YES, LIST CASE NO.:			
FOR DEPARTMENT USE ONLY			
PLANNING APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNERS INITIALS:	DATE:
ZONE:	HILLSIDE YES <input type="checkbox"/> NO <input type="checkbox"/>	HISTORIC YES <input type="checkbox"/> NO <input type="checkbox"/>	FRONT SETBACK:
SIDE SETBACK INTERIOR: EXTERIOR:		REAR SETBACK:	