



BUILDING PERMIT APPLICATION

PLEASE PRINT CLEARLY

BUILDING PERMIT NO.:
Related Files:
Department Use Only

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
CONTACT ADDRESS		CITY	STATE
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
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
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="checkbox"/> YES <input type="checkbox"/> NO		FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS A CODE ENFORCEMENT CASE? <input type="checkbox"/> YES <input type="checkbox"/> 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:	