



BUILDING PERMIT APPLICATION
BUILDING & SAFETY DIVISION/COMMUNITY DEVELOPMENT

BS _____
DATE: _____

COMMERCIAL BUILDING – Non-residential, Hotel/Motel, Mixed Use

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A BUILDING PERMIT HAS BEEN ISSUED.

ADDRESS:		FLOOR:	UNIT:	CONSTRUCTION VALUATION:
DESCRIPTION OF WORK:				
NAME OF EXISTING BUSINESS/TYPE:		NAME OF NEW BUSINESS/TYPE:		
SQUARE FOOTAGES:	A	B	M	R-1
				U
				S-2
				OTHER
CONSTRUCTION TYPE:		I-A	I-B	II-A
				II-B
				III-A
				III-B
				IV
				V-A
				V-B
PROPERTY OWNER		APPLICANT		CONTRACTOR
ADDRESS		ADDRESS		ADDRESS
CITY/ STATE/ ZIP		CITY/ STATE/ ZIP		CITY/ STATE/ ZIP
PHONE		PHONE	LICENSE	PHONE
				LICENSE
E-MAIL		E-MAIL		E-MAIL

PRE-SUBMITTAL ZONING REVIEW: <i>PRELIMINARY REVIEW ONLY – NOT AN APPROVAL</i>	ZONE	OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	BY:	DATE:
		PLANNING ENTITLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		

COMMENTS

✓	STRUCTURE TYPE	✓	PROJECT TYPE	#	GRADING/SHORING
	ASSEMBLY (A)		NEW CONSTRUCTION		TOTAL CUT & FILL IN CY
	ASSISTED LIVING (R-2, R-4)		CORE & SHELL		SHORING IN LF
	EDUCATION (E)		FOUNDATION ONLY		BOND REQUIRED
	FACTORY/INDUSTRIAL (F)		TENANT IMPROVEMENT		LIABILITY INSURANCE:
	HAZARD (H)		FENCE/WALL		POLICY #:
	HOTEL/MOTEL (R-1)		RELOCATION OF BUILDING		EXP. DATE:
	INSTITUTIONAL (I)		REPAIR/MAINTENANCE		OSHA PERMIT #:
	MEDICAL/DENTAL (B)		SEISMIC		
	MIXED USE		SITE IMPROVEMENTS		

STAFF USE ONLY – SIGN-OFFS TO BE OBTAINED AFTER PLAN CHECK HAS BEEN APPROVED

FIRE DEPT.	BWP/ WATER	BWP/ ELECT	PUBLIC WORKS DEPT.	
PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET IMPROVEMENT INSPECTION
PLAN CHECK FEE: _____	FEE PAID: _____	FEE PAID: _____	CONNECTION CHARGE: _____	PERMIT NO. _____
DATE: _____	DATE: _____	DATE: _____	DATE PAID: _____ BY: _____	CURB CUT WIDTH _____
BY: _____	BY: _____	BY: _____	ADDRESS APPROVED: _____	RECURB (E) CURB CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO
				BY: _____
PARKS/REC.	PUBLIC WORKS/SEWER		PEDESTRIAN PROTECTION REQUIRED	SITE PLAN CHECKED FOR EASEMENTS
APPROVED BY: _____	INTERCEPTOR REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKWATER VALVE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FENCE <input type="checkbox"/> CANOPY <input type="checkbox"/> NONE	BY: _____
DATE: _____	DATE: _____	DATE: _____	SETBACK FOR STREET WIDENING: _____	PUBLIC WORKS DEPT. REQ'D NOTED: CHECK SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO
	BY: _____	BY: _____	BY: _____	BY: _____

PLANNING DIVISION (PLANNING APPROVAL GIVEN ONLY AFTER ALL OF THE ABOVE APPROVALS ARE OBTAINED)

ZONE	PROJECT NO.	ENTITLEMENT DATE	BY:	COMMENTS
PARKING REQUIRED	PARKING PROVIDED			
APPROVED BY: _____	DATE: _____	FEE: _____		

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:
 I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED.

SIGNATURE: _____ **DATE:** _____