

BUILDING PERMIT APPLICATION BUILDING & SAFETY DIVISION/COMMUNITY DEVELOPMENT

BS	 	
DATE:		 _

RESIDENTIAL BUILDING - Single-, Duplex and Multi-Family

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

ADDRESS:						CONSTRUCTION VALUATION \$:						D	DATE:		
DESCRIPTION OF WORK:															
SQU	ARE FOOTAGES: R-2	2	R-2.	1	R-	3	R	-3.1		R-4		U		S-2	
CON	STRUCTION TYPE: I-	-A I	-В	II-	-A	II-B	Ш	-A	III-B	Г	v	V-A		V-B	
	PERTY OWNER			AP	PLICANT			2		CONTRACTOR					
ADDRESS			AD	ADDRESS				ADDRESS							
CITY/ STATE/ ZIP			CIT	CITY/ STATE/ ZIP			CITY/ STATE/				ZIP				
PHONE CELL PHONE			PH	PHONE CE		CELI	L PHONE PHO		PHONE	PHONE			L PHONE		
											LICENCE				
E-MAIL		E-N	E-MAIL		LICE	ICENSE		E-MAIL		LICENSE		:NSE			
PRE-SUBMITTAL ZONING REVIEW: PRELIMINARY REVIEW ONLY – NOT AN APPROVAL			ZONE	ZONE OK FOR PL			AN CHECK: YES		□ NO BY:			DATE:			
COM	MENTS					PLANNING	ENII	I LEWIEN I :	⊔ IES	□ NO					
√	STRUCTURE TY	VDE	√	DDO	JECT TYP		#	CDADII	NC/CH/	DINC	ш	MISCELL	ANIE	OUE	
•	SINGLE FAMILY (R-		•		CONSTRUCT		#	_	ING/SHORING		#	WINDOW R			
	DUPLEX (R-3)	3)		ADDITI		1014		SHORING				SANDBLAST, # OF STRUCTURES			
	APARTMENT/COND	O (R-2)		REMO	DEL/ALTERA	TION		BOND RE	QUIRED			SIDING IN SF			
	DETACHED GARAG	` '		FENCE	FENCE/WALL/SITE IMPROVE			LIABILITY INSURANCE			ROC	ROOF			
	PARKING GARAGE	` '			FIRE DAMAGE			POLICY #:				TEAR OFF			
	` /			PATIO COVER/DECK			EXP. DATE:			TEAR OFF WITH NEW SHEATHING					
	ACCESS. DWELLING UNIT(R-3)		RELOCATE STRUCTURE			OSHA PERMIT #:			REMOVAL OF WOOD SHINGLES						
			REPAIR/MAINTENANCE						# OF EXISTING LAYERS						
, ,				SEISMIC RETROFIT		ED 4/	ETER DI ANI CHECK HAS		DE						
	STAFF USE ONLY – SIGN-OFFS TO BE OBTAINED AFTER PLAN CHECK HAS BEEN APPROVED FIRE DEPT. BWP/ WATER BWP/ ELECT PUBLIC WORKS DEPT.														
	TINE DEFT.	DVVF7	WAIL	.11	DVV	r/ LLLG				FUBL	CVV	1			
PLAN CHECK: □YES □NO FEE REQ'D: □ YES □] NO	NO FEE REQ'D: ☐ YES ☐ FEE PAID:		NO	SEWER AVAILABLE: □YES CONNECTION CHARGE:		□YES □ N	ES NO STREET IMPRO			OVEMENT INSPECTION			
	PLAN CHECK FEE: FEE PAID:														
DATE	TE: DATE:			DATE:			DATE PAID: BY:				CURB CUT WIDTH				
BY:	BY:			BY:			ADDRESS APPROVED:				RECURB (E) CURB CUT: ☐YES ☐NO BY:				
	PARKS/REC.	PUBLIC WORKS/SEWER					PEDESTRIAN PROTECTION REQUIRED				SITE PLAN CHECKED FOR EASEMENTS				
APPROVED BY: INTERCEPTOR REC		R REQUII	REQUIRED:				□FENCE □ CANOPY □			□ NONE BY:					
		ON [BY:	PUBLIC W			ORK S DEPT. REQ'D NOTED:					
DATE:		DATE:			SETBACK FOR STREET WIDEN		ET WIDENIN	G:	CHECK SHEET: DYES DNO						
DATE	DATE: BY:			BY:			BY:		BY:		BY:	:			
	PLANN	ING DIVISI	ON (PL	ANNING	G APPROVA	L GIVEN ON	ILY AF	TER ALL O	F THE AB	OVE APPR	OVAL	S ARE OBT	AINED))	
ZONI	PROJECT NO. ENTITLEMENT DATE		E	BY: COMM		MENTS									
PARKING REQUIRED PARKING REQUIRED		PARKI	ARKING PROVIDED		l										
APPROVED BY:		DATE:	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 OF APPLICANT: DATE:															