COMMUNITY DEVELOPMENT / BUILDING & SAFETY DIVISION

PERMIT APPLICATION

RESIDENTIAL BUILDING

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

*** ALL ITEMS IN RED BOXES MUST BE COMPLETED FOR APPLICATION SUBMITTAL TO BE CONSIDERED COMPLETE**

* PROJECT ADDRESS:	* CONSTRUCTION VALUATION:	APPLICATION NUMBER:
* DESCRIPTION OF WORK:		

ZONING / LAND USE:	FIRE ZONE:		HILLSIDE AREA		RANCHO AREA:	
	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO

* PROPERTY OWNER:	* APPLICANT:		CONTRACTOR:	
* ADDRESS:	* ADDRESS:		ADDRESS:	
* PHONE:	* PHONE:	* LICENSE:	PHONE:	LICENSE:
* EMAIL:	* EMAIL:		EMAIL:	

STRUCTURE TYPE				CONSTRUCTION TYPE			
☐	APARTMENT (R-2)	☐	ACCESSORY DWELLING UNIT (R-3)	☐	I-A	☐	III-B
☐	ASSISTED LIVING (R-2, R-4)	☐	DAY CARE (R-3, R-3.1)	☐	I-B	☐	IV
☐	SINGLE-FAMILY (R-3)	☐	PARKING GARAGE (S-2)	☐	II-A	☐	V-A
☐	DUPLEX (R-3)	☐	DETACHED GARAGE (U)	☐	II-B	☐	V-B
☐	ACCESSORY BLDG (R-3)	☐	NON-RESIDENTIAL	☐	III-A		

REROOF			WINDOWS / DOORS			RESIDENTIAL REMODEL		RESIDENTIAL ADDITION		
TYPE			# OF WINDOWS			TOTAL EXISTING	SF	TOTAL EXISTING		SF
TOTAL SQ FT		SF	# OF DOORS			TOTAL REMODEL	SF	TOTAL ADDITION		SF
# OF EXISTING LAYERS			SAME SIZE	☐ YES	☐ NO					
NEW SHEATHING	☐ YES	☐ NO	SAME LOCATION	☐ YES	☐ NO			ONE STORY	☐ YES	☐ NO
# OF STRUCTURES								MULTI-STORY	☐ YES	☐ NO

ASBESTOS REPORT REQUIRED AT THE TIME OF PERMIT ISSUANCE IF DEMOLISHING A STRUCTURE

MISCELLANEOUS RESIDENTIAL					
SAUNA	SF	SHED	SF	DRYWALL IN SF	SF
SEISMIC RETROFIT	SF	SIDING IN SF	SF	SANDBLAST IN SF	SF
		STUCCO IN SF	SF		

MECHANICAL		ELECTRICAL		PLUMBING	
Please Indicate the Total Quantity in the Space Provided					
NEW HVAC SYSTEMS		600V OR LESS UP TO 1000 AMPS		WATER SERVICE	
FURNACE, DUCTING		OVER 600V, OVER 1000 AMPS		WATER DISTRIBUTION /REPIPE	
HEATING APPLIANCE		TEMP. POWER POLE			
HOOD/VENTILATION SYSTEMS		OUTLETS		SEWER/SEWER DISPOSAL	
DUCT SYSTEM		FIXTURES		WATER HEATER/VENT	
		EV CHARGER		DRAINAGE OR VENT PIPING	
				VACUUM BREAKER	
PLUMBING FIXTURES *(Please Indicate the Quantity)*					
WATER CLOSET /TOILET/URINAL		KITCHEN SINK/BAR SINK		LAVATORY	
BATHTUB/SHOWER		GARBAGE DISPOSAL		DISHWASHER	
LAUNDRY		MOP SINK		OTHER FIXTURES	

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 THE INFORMATION STATED HEREIN 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: