



COMMUNITY DEVELOPMENT / BUILDING & SAFETY DIVISION

PERMIT APPLICATION

ACCESSORY DWELLING UNIT

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	

ASBESTOS REPORT REQUIRED BEFORE PERMIT ISSUANCE FOR DEMOLITION OF A STRUCTURE.

MECHANICAL	ELECTRICAL	PLUMBING
	<i>Please Indicate the Total Quantity in the Space Provided</i>	
NEW HVAC SYSTEMS	600V OR LESS UP TO 1000 AMPS	WATER SERVICE
FURNACE, DUCTING	OVER 600V, OVER 1000 AMPS	WATER DISTRIBUTION
HEATING APPLIANCE	TEMP. POWER POLE	SEWER/SEWER DISPOSAL
HOOD/VENTILATION SYSTEMS	OUTLETS	WATER HEATER/VENT
DUCT SYSTEM	FIXTURES	DRAINAGE OR VENT PIPING
		VACUUM BREAKER
PLUMBING FIXTURES <i>(Please Indicate the Quantity)</i>		
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: