



COMMUNITY DEVELOPMENT / BUILDING & SAFETY DIVISION

**PERMIT APPLICATION**

**COMMERCIAL 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 GREYED BOXES MUST BE COMPLETED FOR APPLICATION TO BE SUBMITTAL TO BE CONSIDERED COMPLETE.**

* PROJECT ADDRESS:	* FLOOR/UNIT #:	* CONSTRUCTION VALUATION:	APPLICATION NUMBER:
* EXISTING BUSINESS NAME/TYPE:		* NEW BUSINESS NAME/TYPE:	
* 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:	LICENSE:
EMAIL:	* EMAIL:	EMAIL:	

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

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	

SQUARE FOOTAGE:	MEP REQUIRED:	YES	NO
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STRUCTURE TYPE			
ASSEMBLY (A)	HOTEL/MOTEL (R-1)	PARKING STRUCTURE (S-2)	STUDIO-SOUND PRODUCTION (F-1)
ASSISTED LIVING (R-2, R-4)	INSTITUTIONAL (I)	RELIGIOUS/INSTITUTIONAL (A-3)	WALL/FENCE (U)
EDUCATION (E)	MEDICAL / DENTAL / LAB / OFFICE (B)	RESTAURANTS (A-3 OR B)	WAREHOUSE/AUTO (S)
FACTORY/INDUSTRIAL (F)	MIXED USE	RETAIL (M)	HAZARD

COMMERCIAL REROOF							
TYPE OF ROOF	TOTAL SF OF ROOF		SF	# OF EXISTING LAYERS	SF		
TEAR OFF	YES	NO	TORCHDOWN	SF	NEW SHEATHING	YES	NO

MISCELLANEOUS COMMERCIAL							
TENANT IMPROVEMENT	SF	ADDITION	SF	SEISMIC RETROFIT	SF		
SANDBLAST	SF	STUCCO	SF	STORAGE RACKS	SF		
SIDING	SF	LID	YES	NO			

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:
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