



## COMMUNITY DEVELOPMENT / BUILDING &amp; 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 GREYED BOXES MUST BE COMPLETED FOR APPLICATION TO BE 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	SF	# OF WINDOWS	# OF DOORS	TOTAL EXISTING	SF	
TOTAL SQ FT				TOTAL REMODEL	SF	
# OF EXISTING LAYERS		SAME SIZE	YES	NO		
NEW SHEATHING	YES	NO	SAME LOCATION	YES	NO	
# OF STRUCTURES				ONE STORY	YES	NO
				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	
HEATING APPLIANCE		TEMP. POWER POLE		/REPIPE	
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:
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