



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 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 |

| | | | |
|-----------------|--------------|-------------|----------|
| PROPERTY OWNER: | * APPLICANT: | CONTRACTOR: | |
| ADDRESS: | * ADDRESS: | ADDRESS: | |
| PHONE: | * PHONE: | * LICENSE: | |
| EMAIL: | * EMAIL: | PHONE: | LICENSE: |
| | | 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 |
| SEISMIC RETROFIT | SF | SIDING 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 | | SEWER/SEWER DISPOSAL | |
| HOOD/VENTILATION SYSTEMS | | OUTLETS | | WATER HEATER/VENT | |
| DUCT SYSTEM | | FIXTURES | | DRAINAGE OR VENT PIPING | |
| | | EV CHARGER | | 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: