



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____
 DATE: _____

COMMERCIAL BUILDING – Non-residential, Hotel/Motel, Mixed Use

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

ADDRESS:		FLOOR:	UNIT:	CONSTRUCTION VALUATION:					
DESCRIPTION OF WORK:									
NAME OF EXISTING BUSINESS/TYPE:			NAME OF NEW BUSINESS/TYPE:						
SQUARE FOOTAGES: A		B	M	R-1	U	S-2	OTHER		
CONSTRUCTION TYPE: I-A		I-B	II-A	II-B	III-A	III-B	IV	V-A	V-B
PROPERTY OWNER		APPLICANT			CONTRACTOR				
ADDRESS		ADDRESS			ADDRESS				
CITY/ STATE/ ZIP		CITY/ STATE/ ZIP			CITY/ STATE/ ZIP				
PHONE	CELL PHONE	PHONE	CELL PHONE	PHONE	CELL PHONE				
E-MAIL		E-MAIL	LICENSE	E-MAIL	LICENSE				
PRE-SUBMITTAL ZONING REVIEW: <small>PRELIMINARY REVIEW ONLY – NOT AN APPROVAL</small>		ZONE	OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO PLANNING ENTITLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		BY:	DATE:			
COMMENTS									
<input checked="" type="checkbox"/>	STRUCTURE TYPE		<input checked="" type="checkbox"/>	PROJECT TYPE	#	GRADING/SHORING			
	ASSEMBLY (A)	OFFICE/LAB (B)		NEW CONSTRUCTION		TOTAL CUT & FILL IN CY			
	ASSISTED LIVING (R-2, R-4)	PARKING STRUCTURE (S-2)		CORE & SHELL		SHORING IN LF			
	EDUCATION (E)	RELIGIOUS INSTITUTION (A-3)		FOUNDATION ONLY		BOND REQUIRED			
	FACTORY/INDUSTRIAL (F)	RESTAURANT (A-2 OR B)		TENANT IMPROVEMENT		LIABILITY INSURANCE:			
	HAZARD (H)	RETAIL (M)		FENCE/WALL		POLICY #:			
	HOTEL/MOTEL (R-1)	STUDIO – PRODUCTION (F-1)		RELOCATION OF BUILDING		EXP. DATE:			
	INSTITUTIONAL (I)	STUDIO – SOUND (F-1)		REPAIR/MAINTENANCE		OSHA PERMIT #:			
	MEDICAL/DENTAL (B)	WALL/FENCE (U)		SEISMIC					
	MIXED USE	WAREHOUSE/AUTO (S)		SITE IMPROVEMENTS					
STAFF USE ONLY – SIGN-OFFS TO BE OBTAINED AFTER PLAN CHECK HAS BEEN APPROVED									
FIRE DEPT.		BWP/ WATER	BWP/ ELECT	PUBLIC WORKS DEPT.					
PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET IMPROVEMENT INSPECTION					
PLAN CHECK FEE: _____	FEE PAID: _____	FEE PAID: _____	CONNECTION CHARGE: _____	PERMIT NO. _____					
DATE: _____	DATE: _____	DATE: _____	DATE PAID: _____ BY: _____	CURB CUT WIDTH: _____					
BY: _____	BY: _____	BY: _____	ADDRESS APPROVED: _____	RECURB (E) CURB CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO					
PARKS/REC.	PUBLIC WORKS/SEWER		PEDESTRIAN PROTECTION REQUIRED	SITE PLAN CHECKED FOR EASEMENTS					
APPROVED BY: _____	INTERCEPTOR REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKWATER VALVE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FENCE <input type="checkbox"/> CANOPY <input type="checkbox"/> NONE	BY: _____					
DATE: _____	DATE: _____	DATE: _____	SETBACK FOR STREET WIDENING:	PUBLIC WORKS DEPT. REQ'D NOTED:					
	BY: _____	BY: _____	BY: _____	CHECK SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO					
PLANNING DIVISION (PLANNING APPROVAL GIVEN ONLY AFTER ALL OF THE ABOVE APPROVALS ARE OBTAINED)									
ZONE	PROJECT NO.	ENTITLEMENT DATE	BY:	COMMENTS					
PARKING REQUIRED		PARKING PROVIDED							
APPROVED BY: _____		DATE: _____	FEE: _____						
<p>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 INFORMATION STATED HEREON 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.</p>									
SIGNATURE: _____			DATE: _____						