



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____

RESIDENTIAL BUILDING – Single-, Duplex and Multi-Family

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

ADDRESS:		CONSTRUCTION VALUATION \$:		DATE:					
DESCRIPTION OF WORK:									
SQUARE FOOTAGES: R-2		R-2.1	R-3	R-3.1	R-4	U	S-2		
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: <i>PRELIMINARY REVIEW ONLY – NOT AN APPROVAL</i>		ZONE	OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO		BY:	DATE:
			PLANNING ENTITLEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMENTS

✓	STRUCTURE TYPE	✓	PROJECT TYPE	#	GRADING/SHORING	#	MISCELLANEOUS
	SINGLE FAMILY (R-3)		NEW CONSTRUCTION		TOTAL CUT & FILL IN CY		WINDOW REPLACEMENT
	DUPLEX (R-3)		ADDITION		SHORING		SANDBLAST, # OF STRUCTURES
	APARTMENT/CONDO (R-2)		REMODEL/ALTERATION		BOND REQUIRED		SIDING IN SF
	DETACHED GARAGE (U)		FENCE/WALL/SITE IMPROVE		LIABILITY INSURANCE		ROOF
	PARKING GARAGE (S-2)		FIRE DAMAGE		POLICY #:		TEAR OFF
	ACCESSORY BLDG (R-3)		PATIO COVER/DECK		EXP. DATE:		TEAR OFF WITH NEW SHEATHING
	ACCESS. DWELLING UNIT (R-3)		RELOCATE STRUCTURE		OSHA PERMIT #:		REMOVAL OF WOOD SHINGLES
	ASSISTED LIVING (R-2, R-4)		REPAIR/MAINTENANCE				BUILT-UP
	DAY CARE (R-3, R-3.1)		SEISMIC RETROFIT				# OF EXISTING LAYERS

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: _____	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:	

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.

SIGNATURE OF APPLICANT: _____ DATE: _____