



PERMIT APPLICATION

Permit # _____ Supplement # _____
 JOB ADDRESS _____ Valuation \$ _____
 Tract _____ Lot _____ APN _____

Who do you want us to contact with Plan Check results?
 Name _____
 Wk Ph # _____ Cell Ph # _____
 Email Address _____

Single Family Residence
 Multi Family Res # of Units _____
 Commercial/Industrial
 Mixed Use Bldg
 Retail Units # _____
 Residential Units # _____

Accessory/Detached Struct
 ADU
 Pool/Spa SqFt _____
 PhotoVoltaic System
 =kW output _____

Square Feet	Building	Garage	Patio Cover	Deck	Porch
Existing					
New Bldg.					
Addition					
Demo					
Remodel					
Repair					
Reconstruct					
Tenant Impr.					

Residential # of Stories (E) _____ # of Stories (New) _____

Existing Sprinklers? Y N New Sprinklers? Y N

Fireplaces (E) # _____ (New) # _____ Skylights (E) # _____ (New) # _____

Commercial Occ _____ Const Type _____ # of Stories _____

[PLNG USE ONLY] Zoning: _____ GP: _____

SIGNATURE

Date

Owner/Agent Architect/Designer Contractor/Agent Engineer Tenant

Property Owner Name _____ Phone # _____
 Address _____ City/St/Zip _____
 Email address _____

Architect/Designer Name _____
 Address _____ City/St/Zip _____
 Phone # _____ Fax # _____ State Lic # _____
 Email address _____

Engineer Name _____
 Address _____ City/St/Zip _____
 Phone # _____ Fax # _____ State Lic # _____
 Email address _____

Tenant Name _____
Tenants may NOT pull building permits
 Unit/Suite # _____ Phone # _____
 Email address _____

Contractor Business Name _____
 Address _____ City/St/Zip _____
 Phone # _____ State Lic # _____ Classification _____
 Email address _____

DESCRIPTION OF WORK

1st Submittal
 Date due _____

2nd Submittal
 Date due _____

3rd Submittal
 Date due _____

4th Submittal
 Date due _____