



City of San Clemente Building Permit Application

Permit #: _____
Address: _____
Tract: _____ Lot: _____ APN: _____

Name of Owner: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Architect/Designer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ License #: _____

Engineer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ License #: _____

Contractor: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ License #: _____

Contact for Plan Review Comments
Name: _____ Email: _____

DESCRIPTION OF WORK: _____

SIGNATURE: _____ **DATE:** _____
Owner: __ Agent: __ Contractor: __ Architect/Designer: __

910 Calle Negocio, San Clemente CA. 92673. Office (949)361-6100

BUILDING INFORMATION

TYPE OF BUILDING: Single Family/Duplex Residential: ____ ADU: ____
Multi Family Residential: Number of Units: ____
Mixed Use Commercial/Residential: # commercial units: ____ # residential units: ____
Commercial: ____ Other: _____
USE OF BUILDING: _____ expl: restaurant, factory, dwelling
CONSTRUCTION TYPE: _____ **NUMBER OF STORIES:** _____
SPRINKLERS: existing: __ new: __ Type: _____ expl: NFPA 13, 13R, 13D
ZONING: _____ **GP:** _____ **CUP:** _____
HIGH FIRE SEVERITY AREA: YES: ____ NO: ____

AREAS OF EXISTING BUILDINGS:

Residence: _____ Garage: _____ Deck: _____ Porch: _____
Addition: _____ Remodel: _____ Repair: _____ Demolition: _____
Tenant Improvement: _____
Pools area: _____ Spa area: _____

AREAS OF NEW CONSTRUCTION:

Residence: _____ Garage: _____ Deck: _____ Porch: _____
Addition: _____ Remodel: _____ Repair: _____ Demolition: _____
Tenant Improvement: _____
Pools area: _____ Spa area: _____

Reviews:

First submittal: _____ Second submittal: _____ Third submittal: _____

Date Due _____

Notes: _____
