



City of San Clemente Building Permit Application

Permit #: _____ Valuation: _____

Job 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: indicate in square feet

Residence: _____ Garage: _____ Deck: _____ Porch: _____

Addition: _____ Remodel: _____ Repair: _____ Demolition: _____

Tenant Improvement: _____

Pools area: _____ Spa area: _____

AREAS OF NEW CONSTRUCTION: indicate in square feet

Residence: _____ Garage: _____ Deck: _____ Porch: _____

Addition: _____ Remodel: _____ Repair: _____ Demolition: _____

Tenant Improvement: _____

Pools area: _____ Spa area: _____

Reviews: office use only

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

Date Due _____

Notes: _____