



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

Accessory/Detached Struct

Multi Family Res # of Units _____

ADU

Commercial/Industrial

Pool/Spa SqFt _____

Mixed Use Bldg

PhotoVoltaic System

Retail Units # _____

=kW output _____

Residential Units # _____

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