



[Empty box for Permit Application Number]

**BUILDING PERMIT/
CERTIFICATE OF OCCUPANCY APPLICATION**

PROJECT INFORMATION

Project Address:					Suite/Unit/Floor
Description of Work:					Floor Area (S/F)
					Valuation (\$)
Use:	Occupancy:	Occupant Load:	Stories:	Construction Type:	Sprinklers (Yes/No):
Scope of Work (CHECK Applicable Box)					
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Conversion <input type="checkbox"/> Demolition <input type="checkbox"/> Reroof <input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Sign <input type="checkbox"/> Photovoltaic Panels <input type="checkbox"/> Repair <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical					

APPLICANT'S INFORMATION

Name	Address	Email:
		Phone:
Applicant's Status/Role (CHECK Applicable Box)		ID/Driver License No.
<input type="checkbox"/> Owner/Builder <input type="checkbox"/> Architect/Engineer/Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Agent/Employee <input type="checkbox"/> Other:		

LEGAL PROPERTY OWNER'S INFORMATION

Name	Address	Phone
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CONTRACTOR'S INFORMATION

Name	Address	Phone
City Business License No.	State License No.	Class
Worker's Compensation Carrier	Policy No.	Expiration Date

ARCHITECT'S INFORMATION

Name	Address	Phone
State License No.	Expiration Date	

ENGINEER'S INFORMATION

Name	Address	Phone
State License No.	Expiration Date	

PLANS CHECK SUBMITTAL: COMPLETE ADDITIONAL INFORMATION ON BACK OF THIS FORM.



PLAN CHECK SUBMITTAL

Project Address:	Submittal Date:
Contact Name:	Phone:
Target Date:	

PLANS AND DOCUMENTS TO BE SUBMITTED (CHECK Applicable Boxes)

- | | | |
|--|---|---|
| <input type="checkbox"/> Architectural Plans | <input type="checkbox"/> Civil/Grading/Drainage Plans | <input type="checkbox"/> Structural Calculations |
| <input type="checkbox"/> Structural Plans | <input type="checkbox"/> Landscape Plans | <input type="checkbox"/> Soils Report |
| <input type="checkbox"/> Electrical Plans | <input type="checkbox"/> Retaining walls Plans | <input type="checkbox"/> Title 24 Energy Calculations |
| <input type="checkbox"/> Mechanical Plans | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Plumbing Plans | _____ | _____ |

PLAN CHECK AUTHORIZATION. Please **CHECK** the boxes below as you read them:

- NOTE 1:** The plans review fees paid will covers the first 3-plans review submittals. Additional hourly fees will be assessed for fourth and successive plans reviews, if plans are incomplete and/or corrections have yet been addressed or completed.
- NOTE 2:** Incomplete plans will be returned. However, this will still constitute the 1st plans review and additional fees may be assessed for the fourth and subsequent reviews.
- NOTE 3:** Plan check is valid for 180 days with one extension.

PLANS REVIEW SERVICES. Please **CHECK** the appropriate box/boxes below for desired plans review services.

- | | |
|---|---|
| <input type="checkbox"/> Regular Plans Check Service | <input type="checkbox"/> Plumbing/Mechanical/Electrical |
| <input type="checkbox"/> Revisions | |

I have read and understand the above statements and authorize City staff to perform plans review for the project.

Applicant's Signature	Please Print Full Name	Date
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FOR CITY USE ONLY	
PLANS DISTRIBUTION: Building and Safety: _____ Planning: _____ Engineering: _____	<input type="checkbox"/> CORRECTION. <i>List Attached</i> <input type="checkbox"/> APPROVED Checked By: _____

PROJECT ADDRESS

LICENSED CONTRACTOR DECLARATION

I hereby affirm under the penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License No.	License Class
Expiration Date	Signature of Contractor / Agent

Workers' Compensation Declaration

I hereby affirm that I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No.	Company
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Certified copy is hereby furnished.
 Certified copy is filed with Building and Safety Division.

Exemption from Workers' Compensation

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Contractor / Agent	Date
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OWNER/BUILDER DECLARATION

I hereby affirm that I am exempt from the contractor's License Law for the following reason (Section 7031.5, California Business and Professions Code)

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044 Business & Profession Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044 Business & Profession Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction-lending agency for the performance of the work for which this permit is issued (Section 3907, Civil Code).

Lender's Name
Lender's Address

PERMIT CERTIFICATION

I certify that I have read the attached application and state that the above information is correct. I agree to comply with all City and County Ordinances and State laws relating to the building construction and hereby authorize representatives of this City to enter upon the abovementioned property for inspection purposes, my signature below constitutes signature of the permit when issued.

Signature of Applicant / Agent / Contractor	Date:
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REQUIRED INSPECTIONS

	Inspector	Date
REROOF – Sheathing/Decking		
Underground Plumbing		
Underground Conduit		
Rough Mechanical		
Rough Electrical		
Rough Plumbing		
Gas Test		
Insulation		
Drywall		
Stucco Lath/Felt		
Framing		
Sign / Wall Foundation		
Pool Fencing		

FINAL INSPECTIONS (PME final must be signed prior to utility release)

	Inspector	Date
BUILDING		
ELECTRICAL		
MECHANICAL		
PLUMBING		
PLANNING		
ENGINEERING		
FIRE		