

OFFICE USE ONLY:

APN# \_\_\_\_\_

Permit # \_\_\_\_\_

# BUILDING PERMIT WORKSHEET

PROJECT/SITE ADDRESS: \_\_\_\_\_

APPLICANT INFORMATION	OWNER INFORMATION	CONTRACTOR INFORMATION
Name	Name	Name
Address	Address	Address
City/ST/Zip	City/ST/Zip	City/ST/Zip
Phone	Phone	Phone
Email:		CSLB# _____ Class _____

## DESCRIPTION OF WORK:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b><u>BUILDING</u></b>	<b><u>ELECTRICAL</u></b>	<b><u>MECHANICAL</u></b>	<b><u>PLUMBING</u></b>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial Occ. Use _____ Sq Ft _____ # of Stories _____ T. I. _____ Sq ft  Room Addition _____ Sq Ft Patio Cover/Porch _____ Sq Ft Balcony/Deck _____ Sq Ft New Garage _____ Sq Ft <input type="checkbox"/> Attached <input type="checkbox"/> Detached Garage Conv. _____ Sq Ft Barn _____ Sq Ft  Pool _____ StFt / Spa Sqft <input type="checkbox"/> Slide <input type="checkbox"/> Grotto <input type="checkbox"/> Baja step <input type="checkbox"/> Beach entry _____  Pilasters/Pillars # _____ H _____ Block Wall _____ LF _____ H _____ Retaining/Combo _____ LF _____ H _____ **On Property Line Yes/No _____ Address: _____  Re-Roof # of Squares _____ Material _____ Tear Off Yes / No _____ New Sheathing Yes / No _____  Window Change Out Yes / No _____ **Requires Floor Plan**  Other: _____ _____ _____  VALUATION \$ _____	New Service: _____ AMP Sub panels # _____ AMP _____ Sub panels # _____ AMP _____  New Res (sq ft) _____ New Garage (sq ft) _____  Solar _____ Kw #panels _____ <input type="checkbox"/> Roof Mount <input type="checkbox"/> Ground Mount # _____ Battery Back-Up  Temp Power Pole # _____ **Amps _____  Other _____ _____  VALUATION \$ _____  <b><u>FIRE SPRINKLERS</u></b> <input type="checkbox"/> New Res. <input type="checkbox"/> New Comm.  <input type="checkbox"/> Residential Addition  <input type="checkbox"/> Tenant Improvement  <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hood/Duct  <input type="checkbox"/> Underground Fire Lines  Other _____ _____  VALUATION \$ _____	HVAC- A/C _____ Tons _____ FAU _____ 100K> _____ <input type="checkbox"/> Split Unit <input type="checkbox"/> Pkg Unit Mount: <input type="checkbox"/> Ground <input type="checkbox"/> Roof Ducts: # _____ <input type="checkbox"/> Heat Pump <input type="checkbox"/> Spray Booth <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> Hood <input type="checkbox"/> Whole House Fan  Other: _____ _____ _____  VALUATION \$ _____  <b><u>SIGNS</u></b> <input type="checkbox"/> Wall (illuminated) <input type="checkbox"/> Wall (non-illuminated) <input type="checkbox"/> Channel Letters <input type="checkbox"/> Monument Sign <input type="checkbox"/> Pylon Sign <input type="checkbox"/> Cabinet Faces REPLACE ONLY  VALUATION \$ _____	Water Heater: _____ gal. <input type="checkbox"/> Tankless <input type="checkbox"/> Tank  Copper Re-pipe Yes/No _____ <input type="checkbox"/> Whole House <input type="checkbox"/> Repair  Sewer/Water (Check One) <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Addition <input type="checkbox"/> Irrigation/Landscape  Onsite/ROW (Circle One) Encroachment Permit # _____  Gas Outlets _____ Other _____ -  VALUATION \$ _____  <b><u>DEMOLITION</u></b> # of Structures _____ <input type="checkbox"/> Septic Tank <input type="checkbox"/> House <input type="checkbox"/> Patio/Porch/Deck <input type="checkbox"/> Detached Accessory <input type="checkbox"/> Pool/Spa  **Site Plan Needed **Location of Septic **Asbestos Report Req. **AQMD Report VALUATION \$ _____

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### OFFICE USE ONLY:

SUBMITTAL: # \_\_\_\_\_ SETS PLANS # \_\_\_\_\_ SETS STRUCTURAL CALCS # \_\_\_\_\_ SETS ENERGY CALCS # \_\_\_\_\_ TRUSS CALCS

PLAN CK FEE PD \$ \_\_\_\_\_ CASH/CK# \_\_\_\_\_ C/C\*\*NAME \_\_\_\_\_

PERMIT FEE PD \$ \_\_\_\_\_ CASH/CK# \_\_\_\_\_ C/C\*\*NAME \_\_\_\_\_