



Building Permit Application Form

Record Number: _____

Date: _____

Please complete the information listed below that applies. This form is to be filled out COMPLETELY to begin the plan check process.				
Application Type:				
<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Grading <input type="checkbox"/> Site Utilities <input type="checkbox"/> Commercial Storage Racks <input type="checkbox"/> Commercial PV Solar <input type="checkbox"/> Cell Tower <input type="checkbox"/> Other (Specify) _____				
Project Address:				
Project Description:				Type of Project:
				<input type="checkbox"/> New
				<input type="checkbox"/> Change of use
				<input type="checkbox"/> Tenant Improvement
				<input type="checkbox"/> Addition
				<input type="checkbox"/> Alteration
				<input type="checkbox"/> Accessory Structure
Type of Construction:	Occupancy Group(s):	Total Square Footage:	Project Value:	
Cut and Fill Grading:	SFR Garage Sq. Ft:	SFR Patio Sq. Ft:	SFR Living Space Sq.Ft	SFR Total Sq. Ft
Trades Affected:				
<input type="checkbox"/> Building <input type="checkbox"/> Planning <input type="checkbox"/> Department of Public Utilities/Public Works <input type="checkbox"/> Fire <input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Grading <input type="checkbox"/> Title 24 <input type="checkbox"/> Residential <input type="checkbox"/> Residential Electrical <input type="checkbox"/> Residential Solar				
Residential Solar:				
Adding to existing PV system: _____ YES/NO _____			Roof Type: _____	
De-Rating Panel: _____ YES/NO _____			Number of Panels: _____	
Adding MPU _____ YES/NO _____			DC KW: _____	
Battery _____ YES/NO _____			Reverse Tilt or Ground Mount _____ YES/NO _____	
EXPRESS _____ YES/NO _____				
Applicant/Contact Person Name: (Required)			Address:	
Phone:			Email: (Required)	
Property Owner's Name: (Required)			Address:	
Phone:			Email: (Required)	
Contractor's Name:		License Type:	Contractor's State License #:	Phone:
Address:			Email:	
Applicant Signature:				