RESIDENTIAL BUILDING PERMIT APPLICATION

	Existing SF	Proposed SF (This Permit Application)		
		New Building	Addition	Alteration
1st Floor				
2nd Floor				
3rd Floor				
4th Floor				
Site Work				

Total Number of:

Bedrooms _____ New Residential Units _____ Number of Stories Proposed or Existing _____

Is the Residence on Septic or Sewer? ☐ Septic ☐ Sewer

Does the Building have Sprinklers Throughout? ☐ Y ☐ N

☐ **MECHANICAL**: *(Check if mechanical is part of permit application)* List all new and relocated mechanical equipment and gas piping below. Note: Any equipment not listed below will not be part of this permit – a separate permit, plans, and fees will be required.

Quantity	Description	CFM	Max Output Btu/h	% Efficiency
	50–99 CFM Fans			
	100 or > CFM Fans			
	Furnace			
	Fireplace			
	Gas Water Heater			
	Air Conditioner			
	Heat Pump			
	Gas Dryer			
	Gas Range			
	Gas Piping Outlets			

☐ **PLUMBING**: *(Check if plumbing is part of permit)* Indicate the number of each new and relocated fixture type below. [illegible] _____

____	Bathtub	____	Floor Drain	____	Floor Sink	____	Kitchen Sink
____	Shower	____	Bathtub/Shower	____	Hose Bibb	____	Laundry Sink
____	Water Service *	____	Clothes Washer	____	Roof Drain	____	Drinking Fountain
____	Water Softener	____	Urinal	____	Service Sink	____	Electric Water Heater
____	Dishwasher	____	Hand Sink	____	Toilet		
____	Repair: _____			____	Other: _____		

* All new buildings require water service

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APPLICANT: ☐ **Owner** ☐ **Owner's Agent** ☐ **Contractor** ☐ **Contractor's Agent**

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City and County ordinances and State laws relating to building construction and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described in this application, the CA State registered contractor responsible for the work, or I represent the owner or contractor as described above and am acting with the owner's or contractor's full knowledge or consent.

_____ _____

Print Name of Applicant *Applicant's Signature*

Date _____

NOTE: Application Expires 180 Days After Submission Date and Plan Check Fee is Forfeit