



# PERMIT APPLICATION

DATE: \_\_\_\_\_ JOB ADDRESS: \_\_\_\_\_ GATE CODE: \_\_\_\_\_

PLAN CHECK/PERMIT # \_\_\_\_\_ APN: \_\_\_\_\_ BUSINESS LIC. # \_\_\_\_\_

Description of Work			Bldg. Size (Sq. Ft.)		No. of Stories		
<input type="checkbox"/> BLDG ADDITION	<input type="checkbox"/> NEW BLDG	<input type="checkbox"/> RE-ROOF			No. of Units		
<input type="checkbox"/> ALTER/IMPROVE	<input type="checkbox"/> REPAIR	<input type="checkbox"/> POOL/SPA					
<input type="checkbox"/> WALL	<input type="checkbox"/> DEMOLISH	<input type="checkbox"/>	Occupancy Group	Type of Const.	Bldg. Use	Lot No.	Tract No.

**JOB DESCRIPTION:**

**Job Valuation:** \_\_\_\_\_

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\_\_\_\_\_  
**Contractor**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Property Owner**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Name of Applicant/Architect/Engineer**

\_\_\_\_\_  
**Telephone**

License Class	License No.	Expiration Date
<b>Worker's Compensation</b>		
<b>Carrier:</b>		
<b>Policy:</b>		
<b>Expiration Date:</b>		

The property owner will be responsible for providing smoke detectors in all bedrooms and smoke and/or carbon monoxide combination detectors in all hallways leading to the bedrooms on all levels of residential units containing fuel burning devices or having attached garages when a permit is obtained for alterations, repairs or additions exceeding a job valuation of \$1,000. The inspector will verify this installation for all work that requires the inspector to have access to the interior of the dwelling to perform required inspections.

[ ] I, as owner of the property understand that it is my responsibility to assure that I comply with the requirements as stated above.

[ ] I, as the contractor or agent for the contractor understand that it is my responsibility to inform the owner of the property that it is their responsibility to comply with the requirements as stated above.

\_\_\_\_\_  
 Owner or Authorized Agent Signature \_\_\_\_\_  
 Date

