

For Office Use Only

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_



### RESIDENTIAL PERMIT APPLICATION

Project Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner Cell: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_ Site Contact Cell: \_\_\_\_\_

Please check all that apply:

NEW CONSTRUCTION	<input type="checkbox"/>	REMODEL	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
DRIVEWAY	<input type="checkbox"/>	ROOF	<input type="checkbox"/>	FENCE	<input type="checkbox"/>
DRAINAGE	<input type="checkbox"/>	DEMOLITION	<input type="checkbox"/>	IRRIGATION	<input type="checkbox"/>
FIRE ALARM	<input type="checkbox"/>	FIRE SPRINKLER	<input type="checkbox"/>	POOL	<input type="checkbox"/>
OTHER (EXPLAIN)	_____				
MISCELLANEOUS (EXPLAIN)	_____				

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Project Square footage: \_\_\_\_\_ Lot Coverage %: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

**NOTE:** All sub-contractors (electrical, mechanical/HVAC, plumbing, low voltage, sign etc.) are required to pull separate permits. All permits become null and void if work or construction authorized is not commenced within six months, or if construction or work is suspended or abandoned for a period of six months at any time after work is started.

**I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that all provisions of state laws and city ordinances governing this type of work will be complied with whether specified herein or not. I further understand that the issuance of a permit does not grant the authority to violate or cancel the provisions of any state or local laws regulating construction or the performance of construction.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Required Inspections:

Preconstruction	_____	Foundation	_____	Sheathing	_____	Wind Straps	_____
Lath/Brick Ties	_____	Framing / Fireplace	_____	Driveway	_____	C OF O	_____
Cover	_____	Final	_____	After Hours	_____		

Permit Fee: \_\_\_\_\_ Plan Review Fee: \_\_\_\_\_ Total: \_\_\_\_\_

Plans Approved for Issuance By: \_\_\_\_\_

\_\_\_\_\_  
Building Official or Representative Signature

\_\_\_\_\_  
Date