



**BUILDING PERMIT APPLICATION**  
Becomes permit when approved

**CITY PERMIT NUMBER:**

Date of Submittal		SSL Business License No.		Receipt No.		Date Issued	
<b>CONSTRUCTION INFORMATION</b>				<b>CITY USE ONLY</b> Building Fee Schedule			
Contact Name		*Telephone No.		*Valuation of Project: \$			
Contact Email Address				Building Fee			
Project Address				Plan Check Fee			
Residential: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Mult units				State Fee			
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel				Culinary Water Impact Fee			
Commercial: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Imp <input type="checkbox"/> Shell Only				Sewer Impact Fee			
Work being done: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Reroof <input type="checkbox"/> Demo				Parks Impact Fee			
<input type="checkbox"/> Garage/carport/shed/deck <input type="checkbox"/> Fence <input type="checkbox"/> Roof Conversion <input type="checkbox"/> Racking				Other:			
<input type="checkbox"/> Spray Booth <input type="checkbox"/> Windows <input type="checkbox"/> Stucco <input type="checkbox"/> Ramp <input type="checkbox"/> Trailer <input type="checkbox"/> Parking Lot				Deposit (minus)			
Hazmat: <input type="checkbox"/> Tanks <input type="checkbox"/> Material or <input type="checkbox"/> Misc (specify):				TOTAL			
Assessors Parcel No.				<b>CITY USE ONLY</b> Plan Criteria			
Owner of Property		* Phone		*Square Ft. of Building		*Basement Finished: Unfinished:	
Mailing Address		*City - Zip		Occupancy Group		*Square Ft. of Garage	
Business Name				Type of Construction		*Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No * Max. Occ. Load	
Architect or Engineer		Phone		<b>CITY USE ONLY</b> Department Approvals			
General Contractor		*Phone		DEPARTMENT		APPROVED BY	
*State License No.				DATE			
Electrical Contractor		State License No:		Building			
Plumbing Contractor		State License No:		Electrical			
Mechanical Contractor		State License No:		Plumbing			
<b>DESCRIPTION OF WORK</b>				Structural Engineering			
				Civil Engineering			
				Mt Olympus:		JVWCD:	
				Fire			
				Other:			
<b>CITY COMMENTS</b>							
				This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.			
				*Signature of Contractor or Authorized Agent & Print Name		Date	
				*Signature of Owner (if owner) & Print Name		Date	
<b>ZONING REVIEW</b>							
Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>		By:		Date:	
Setbacks: Front		Rear		Side		Side	
						Zone:	
Comments:							