



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Telephone (____) _____

Email _____

Contractor _____

Address _____

Telephone (____) _____ Fax(____) _____

Email _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW	Date	Initial	
<input type="checkbox"/> No Plans Required	_____	_____	TYPE:
<input type="checkbox"/> All	_____	_____	
<input type="checkbox"/> Footing	_____	_____	
<input type="checkbox"/> Foundation	_____	_____	
<input type="checkbox"/> Frame	_____	_____	
<input type="checkbox"/> Other	_____	_____	

JOINT PLAN REVIEW REQUIRED:

ELEC PLUMB. FIRE

SUBCODE APPROVAL

CO CCO CA

DATE: _____

APPROVED BY: _____

TYPE OF WORK:

NEW BUILDING

ADDITION

ALTERATION

ROOFING

FENCE

SIGN _____ HEIGHT (EXCEEDS 6 FEET)

POOL _____ SQ.FT.

ASBESTOS/LEAD ABATEMENT

OTHER

DEMOLITION

FEE (OFFICE USE ONLY)

\$ _____

B. BUILDING CHARACTERISTICS

PRESENT USE _____

PROPOSED USE _____

NUMBER OF STORIES _____

HEIGHT OF STRUCTURE _____ FT

BUILDING AREA/ ALL FLOORS _____ SQ FT

EST. COST OF BUILDING WORK:

1. NEW BUILDING \$ _____

2. ALTERATION \$ _____

3. TOTAL (1 + 2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF)
OWNER OF RECORD AND AM AUTHORIZED
TO MAKE THIS APPLICATION

SIGNATURE

PLAN REVIEW	\$ _____
ADMINISTRATIVE CHARGE	\$ _____
UCC INSPECTION	\$ _____
PA L&I	\$ _____
TOTAL	\$ _____