



APN# \_\_\_\_\_

Permit # \_\_\_\_\_

**BUILDING PERMIT WORKSHEET**

**PROJECT/SITE ADDRESS:** \_\_\_\_\_

APPLICANT INFORMATION	OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Name:	Name:
Address:	Address:	Address:
City/ST/Zip:	City/ST/Zip:	City/ST/Zip:
Phone :	Phone:	Phone:
Email:	Email:	<b>CSLB#</b> <b>Class</b>

**DESCRIPTION/SCOPE OF WORK:** \_\_\_\_\_

**FILL OUT SECTION THAT APPLIES TO SCOPE OF WORK ONLY**

<u><b>BUILDING</b></u>	<u><b>ELECTRICAL</b></u>	<u><b>MECHANICAL</b></u>	<u><b>PLUMBING</b></u>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial Occ. Use _____ NEW Sq Ft _____ # of Stories _____ Comm. T. I. _____ Sq ft ADU/JADU _____ Sq Ft <input type="checkbox"/> Attached <input type="checkbox"/> Detached Room Addition _____ Sq Ft Patio Cover/Porch _____ Sq Ft Balcony/Deck _____ Sq Ft New Garage _____ Sq Ft <input type="checkbox"/> Attached <input type="checkbox"/> Detached Garage Conv. _____ Sq Ft Barn _____ Sq Ft Pool _____ StFt / Spa Sqft _____ <input type="checkbox"/> Slide <input type="checkbox"/> Grotto <input type="checkbox"/> Baja step Beach entry _____ Pilasters/Pillars # _____ H _____ Garden Wall _____ LF _____ H _____ Retaining/Combo _____ LF _____ H _____ **On Property Line Yes/No _____ Re-Roof # of Squares _____ Material _____ Tear Off Yes / No _____ New Sheathing Yes / No _____ Window Change Out Yes / No _____ Other: _____ VALUATION \$ _____	New Service: _____ AMP Sub panels # _____ AMP Sub panels # _____ AMP New Res (sq ft) _____ New Garage (sq ft) _____ Solar _____ Kw #panels _____ <input type="checkbox"/> Roof Mount <input type="checkbox"/> Ground Mount # _____ Battery Back-Up # _____ Inverters EV Charger _____ Temp Power Pole # _____ **Amps _____ Other _____ VALUATION \$ _____ <u><b>FIRE SPRINKLERS</b></u> <input type="checkbox"/> New Res. <input type="checkbox"/> New Comm. <input type="checkbox"/> Residential Addition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hood/Duct <input type="checkbox"/> Underground Fire Lines Other _____ VALUATION \$ _____	HVAC- A/C _____ Tons _____ FAU _____ 100K> _____ <input type="checkbox"/> Split Unit <input type="checkbox"/> Pkg Unit Mount: <input type="checkbox"/> Ground <input type="checkbox"/> Roof Ducts: # _____ <input type="checkbox"/> Heat Pump <input type="checkbox"/> Spray Booth <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> Hood <input type="checkbox"/> Whole House Fan Other: _____ VALUATION \$ _____ <u><b>SIGNS</b></u> <input type="checkbox"/> Wall (illuminated) <input type="checkbox"/> Wall (non-illuminated) <input type="checkbox"/> Channel Letters <input type="checkbox"/> Monument Sign <input type="checkbox"/> Pylon Sign <input type="checkbox"/> Cabinet Faces REPLACE ONLY VALUATION \$ _____	Water Heater: _____ gal. <input type="checkbox"/> Tankless <input type="checkbox"/> Tank Copper Re-pipe Yes/No _____ <input type="checkbox"/> Whole House <input type="checkbox"/> Repair Sewer/Water (Check One) <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Addition <input type="checkbox"/> Irrigation/Landscape Onsite/ROW (Circle One) Encroachment Permit # _____ Gas Outlets _____ Other _____ VALUATION \$ _____ <u><b>DEMOLITION</b></u> # of Structures _____ <input type="checkbox"/> Septic Tank <input type="checkbox"/> House <input type="checkbox"/> Patio/Porch/Deck <input type="checkbox"/> Detached Accessory <input type="checkbox"/> Pool/Spa **Site Plan Needed **Location of Septic **Asbestos Report Req. **AQMD Report VALUATION \$ _____

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **OWNER**  **APPLICANT**  **CONTRACTOR**  **OWNERS REP.**

*(Office Use Only)* SUBMITTAL: # \_\_\_\_\_ SETS PLANS # \_\_\_\_\_ SETS STRUCTURAL CALCS # \_\_\_\_\_ SETS ENERGY CALCS # \_\_\_\_\_ TRUSS CALCS  
 PLAN CK FEE PD \$ \_\_\_\_\_ CASH/CK# \_\_\_\_\_ C/C\*\*NAME \_\_\_\_\_  
 PERMIT FEE PD \$ \_\_\_\_\_ CASH/CK# \_\_\_\_\_ C/C\*\*NAME \_\_\_\_\_

**BUILDING & SAFETY DIVISION**



# MINIMUM PLAN CHECK SUBMITTAL CHECKLIST

Front counter staff will review this checklist prior to plan check submittal to ensure completeness.

**Residential:** NEW ADDITION REMODEL **Commercial:** NEW ADDITION T.I.  
(Circle One) PATIO COVER POOL SOLAR WALL SHED (Circle One)

	DOCUMENTS	CHECK IF PROVIDED	FILLED BY STAFF	
			REQUIRED	PROVIDED
<b>PLANS &amp; DOCUMENTS</b>	4 Sets of Plans(3 for Solar/ Patio/ Pool/Remodel/Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Completed Building Permit Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Detailed Scope of Work on Plans Cover sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Project Data (Type of Const., Occupancy Group, Square Footage, Structure Height, Fire Sprinklers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Plot Plan/Site Plan (including property setback dimensions, location of septic system, other structures on the site, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Floor Plans (Existing and Proposed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cross Sections & Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Exterior Elevations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Roof Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Energy Forms (Calculations, CF1R, NRCC) (2 Copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Foundation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Structural Framing Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Structural Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mechanical/ Electrical/ Plumbing Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Soils Report (For all new Residential Buildings, New & Addition to Commercial Buildings) (2 Copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Structural Calculations- Truss Calcs (2 Copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**To be completed by Applicant**

I understand that an incomplete plan check submittal may result in delay of project approval.

Applicant Name (Print) \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BUILDING & SAFETY DIVISION**