



Department of Planning, Building & Safety

APPLICATION TO CONSTRUCT

Project Address: _____ **Suite#** _____ **APN #** _____

Valuation of work: \$ _____ *Note: Plan Review Fees may be adjusted after Plan Review*

Project Description (Be specific. If additional space is needed, you may attach an additional sheet):

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Contractor Business Name		Property Owner Name (Check if Owner-Builder <input type="checkbox"/>)	
Address		Address	
City	Zip	City	Zip
Phone		Phone	
Fax		Fax	
E-mail		E-mail	
Contractor License No.	Business License No		
Architect Name		Designer Name	
Address		Engineer Name	
City	Zip	City	Zip
Phone		Phone	
Fax		Fax	
E-mail		E-mail	
License No.		License No.	

Applicant Name (Please Print)		Signature	Date
Contact Telephone Number		E-Mail	

NOTICE: THIS IS NOT A BUILDING PERMIT. PLEASE BE ADVISED, THE INFORMATION ON THIS FORM IS PUBLIC RECORD.

The following 3 sets are being submitted: (Please check all that you have provided)

- | | |
|---|--|
| <input type="checkbox"/> Plans | <input type="checkbox"/> Structural Calculations |
| <input type="checkbox"/> Truss Calculations | <input type="checkbox"/> Soils report |
| <input type="checkbox"/> Energy Form(s)/Title 24 Calculations | <input type="checkbox"/> Manufacturer's Specifications |
| <input type="checkbox"/> Home Owner's Association Approval | <input type="checkbox"/> Other: _____ |

Comments: (office only) _____