

BUILDING _____ PLUMBING _____ ELECTRICAL _____ MECHANICAL _____ RIGHT OF WAY _____
 NEW RESIDENTIAL _____ NEW POOL _____ REMODEL RESIDENTIAL _____ SIGN _____
 NEW COMMERCIAL _____ DEMOLITION _____ REMODEL COMMERCIAL _____
 NEW INDUSTRIAL _____ SCHOOL FORM REQ. _____ REMODEL INDUSTRIAL _____

Applicant to complete numbered spaces only

Job Address _____

1 Legal Desc.	Lot #	Bk	Tract	Assessors' Parcel Number
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2 Owner	Mail Address	Zip	Phone
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3 Contractor	Mail Address	Phone	License Number
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4 Architect or Engineer	Mail Address	Phone	License Number
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5 Use of Building	6 Special Conditions
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7 Describe Work: _____

8 Valuation of Work: \$	No. of Dwelling Units	Plan Check Fee	\$
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Type of Const.	Occupancy Group	Use Zone	Building Permit Fee
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*****NOTICE*****NOTICE*****NOTICE*****

EXEMPTION DECLARATION

I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL NOT EMPLOY ANYONE IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS' COMPENSATION INSURANCE LAWS OF CALIFORNIA. Notice to Applicant: if after this Certificate of Exemption, you should become subject to the Workers' Compensation Provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

Signature	Date
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*****NOTICE*****NOTICE*****NOTICE*****

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.

Signature of Contractor or Authorized Agent	Date
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Signature of Owner (if owner Builder)	Date
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Plan Check Fee	
Building Permit	
Strong Motion	
Plumbing Permit	
Electrical Permit	
Mechanical Permit	
SB1473	
Right-of-way Const. (AC)	
Sewer and Water Cap	
Impact Fees	
TOTAL	

PLUMBING PERMIT

No. of Stories	No. of	Type of Fixture or Item	Fee
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Permit Fee	\$
Water Closet (Toilet)	
Bath tub	
Lavatory (Wash Basin)	
Shower	
Kitchen Sink & Disp.	
Dishwasher	
Laundry Tray	
Clothes Washer	
Water Heater	
Gas Systems: No. of Outlets	
Water Piping & Treating Equip.	
Sewer	
Other	
Sub-total Plumbing	\$

ELECTRICAL PERMIT

Permit Fee	
Main Service (amp.)	
Breaker or Other Control Box	
Switches, Lights, Outlets, Etc.	
Motors, Transformers, Etc.	
Other	
Sub-total Electrical	\$

MECHANICAL PERMIT

Permit Fee	\$
Air Cond. Units--H.P. Ea.	
Other	
Other	
Sub-total Mechanical	\$

Receipt # _____ Date _____

Clerk Initials _____

Permit Number