



CITY OF SANTA ANA BUILDING PERMIT WORKSHEET

PLEASE PRINT

CBC 2022 APP-01

PROJECT ADDRESS:		SUITE:	SAPIN #	
USE OF BUILDING:			MASTER ID#	
NATURE OF WORK: (Circle one) NEW ADD ALTER/T.I. DEMO REROOF REPAIR SIGN MISC				
NEW/ADDITION/ALTERATION:				
1ST FLOOR: _____ SF	BASEMENT: YES/NO _____ SF	NO. OF STORIES: _____		
2ND FLOOR _____ SF	PATIO/ENCL. PATIO: _____ SF	BLDG. HEIGHT: _____		
TOTAL OF OTHER FLS: _____ SF	RES. REMODEL: _____ SF	PROPOSED USE: _____		
GARAGE/CARPORT: _____ SF	ALTER/T.I.: _____ SF	PROJECT VALUE: _____		
JOB DESCRIPTION (non-residential projects see reverse side of this application) : _____				
BUILDING OWNER'S NAME:			PHONE NO:	
ADDRESS:	CITY:	STATE:	ZIP:	
TENANT'S NAME (Comm/Ind):			PHONE NO:	
CONTRACTOR'S NAME:		STATE CONTR. #:	LICENSE CLASS:	PHONE NO:
ADDRESS:	CITY:	STATE:	ZIP:	
WORKERS COMP. POLICY#:	EXP. DATE:	INSURANCE COMPANY:	SANTA ANA BUS. LIC. #:	
ARCHITECT/ENGINEER:		STATE LICENSE #:	PHONE NO:	
ADDRESS:	CITY:	STATE:	ZIP:	
CONTACT NAME:		PHONE NUMBER:		
E-MAIL ADDRESS:		FAX NUMBER:		
APPLICANT SIGNATURE:				

OFFICE USE ONLY:

ACC OR SPC (CIRCLE ONE) _____ HRS PER _____

OCC. GROUP: _____ RECEIPT #: _____ P/C FEE PD \$ _____

TYPE OF CONSTR: _____ VALUATION: \$ _____ SUBMITTAL DATE: _____

FIRE SPKR: A/C: FLOOD ZONE: _____ PROCESSED BY: _____

RES. DEV. FEE: **PRIOR DWELLING UNIT:** **COMMENTS:** _____

PLEASE CHECK ALL THAT APPLY TO YOUR PROJECT

JOB DESCRIPTION CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Additional square footage | <input type="checkbox"/> Partition walls |
| <input type="checkbox"/> Awnings _____ sq. ft. | <input type="checkbox"/> Rated corridors |
| <input type="checkbox"/> Canopy _____sq. ft. | <input type="checkbox"/> Rated shafts |
| <input type="checkbox"/> Ceiling work | <input type="checkbox"/> Roof mounted equipment |
| <input type="checkbox"/> Change of occupancy (use) | <input type="checkbox"/> Screening for equipment |
| <input type="checkbox"/> Disabled accessible (H/C) restrooms | <input type="checkbox"/> Security bars |
| <input type="checkbox"/> Dust collector | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Elevator shaft | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Exterior doors or windows | <input type="checkbox"/> Storefront/facade improvements |
| <input type="checkbox"/> Equipment pads | <input type="checkbox"/> Storage racks or shelving over 5'-9" |
| <input type="checkbox"/> Interior demo | <input type="checkbox"/> Walk-in coolers |
| <input type="checkbox"/> Kitchen equipment | |

ITEMS REQUIRING SEPARATE BUILDING PERMIT APPLICATIONS: (Per Structure or Address)

- Block wall / Fence
- Card readers
- Complete demo
- Flagpole
- Light Standards
- Parking lot repaving / Parking lot restriping
_____# of spaces effected
- Pedestrian protection
- Pool/Spa
- Signs
- Spray booth / Dust Collector
- Trash enclosure