



CITY OF SANTA ANA BUILDING PERMIT WORKSHEET

PLEASE PRINT

CBC 2022 APP-01

PROJECT ADDRESS:		SUITE:		SAPIN #	
USE OF BUILDING: (Circle one) RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER				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: YES / NO A/C: YES / NO FLOOD ZONE: _____ PROCESSED BY: _____

RES. DEV. FEE: YES / NO PRIOR DWELLING UNIT: YES / NO 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