



CITY OF SANTA ANA BUILDING PERMIT WORKSHEET

PLEASE PRINT

CBC 2016 APP-01

PROJECT ADDRESS:		SUITE:	SAPIN #	
USE OF BUILDING:	RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER
				MASTER ID#
NATURE OF WORK:	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 _____ BLDG. FEE \$ _____

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

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

FIRE SPKR: YES / NO A/C: YES / NO FLOOD ZONE: _____ PROCESSED _____

RES. DEV. FEE: YES / NO **PRIOR DWELLING UNIT:** YES / NO COMMENTS: _____

PLANNING OK TO CHECK & DATE _____ BLDG. DEPT. APPROVAL & DATE _____

PLNG CONDITIONS: _____

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