



City of
Santa Rosa
Community Development

**BUILDING
PERMIT
APPLICATION**
PLEASE PRINT CLEARLY

BUILDING PERMIT NO.:

Related Files:

Department Use Only

PROJECT ADDRESS (NOT MAILING ADDRESS)		SUITE/UNIT NO.	DATE	
OWNER		PHONE () -	PHONE () -	FAX <input type="checkbox"/>
OWNER ADDRESS	CITY	STATE	ZIP	E-MAIL ADDRESS
CONTACT PERSON PLEASE SELECT ONE: <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> DESIGNER <input type="checkbox"/> AGENT FOR OWNER <input type="checkbox"/> CONTRACTOR		PHONE () -	PHONE () -	FAX <input type="checkbox"/>
CONTACT ADDRESS	CITY	STATE	ZIP	E-MAIL ADDRESS
APPLICANT		PHONE () -	PHONE () -	FAX <input type="checkbox"/>
APPLICANT ADDRESS	CITY	STATE	ZIP	E-MAIL ADDRESS
CONTRACTOR'S NAME - IF OWNER/BUILDER - HAS OWNER BEEN GIVEN THE OWNER'S ACKNOWLEDGMENT AND VERIFICATION FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CONTRACTORS STATE LICENSE NUMBER & CLASSIFICATION		PHONE () -	PHONE () -	FAX <input type="checkbox"/>
CONTRACTOR ADDRESS	CITY	STATE	ZIP	E-MAIL ADDRESS
TYPE OF PERMIT (MARK ALL THAT APPLY) <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GRADING <input type="checkbox"/> DEMOLITION				
TOTAL SQUARE FOOTAGE OF THIS PROJECT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> REPAIR COMMERCIAL/INDUSTRIAL: RESIDENCE: GARAGE: DECK: COVERED PORCHES:				
DESCRIPTION OF WORK:				
			VALUATION OF WORK COVERED BY THIS APPLICATION	
I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT SIGNATURE: DATE:				
OCCUPANCY GROUP	TYPE OF CONSTRUCTION	CBC EDITION USED	NO OF STORIES	CHANGE OF OCCUPANCY FROM: TO:
NO. OF DWELLING UNITS	PRESENT USE		PROPOSED USE	
WILDLAND-URBAN INTERFACE FIRE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS A CODE ENFORCEMENT CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST CASE NO.:				
FOR DEPARTMENT USE ONLY				
PLANNING APPROVED: ? YES ? NO PLANNERS INITIALS: DATE:				
ZONE:	HILLSIDE YES <input type="checkbox"/> NO <input type="checkbox"/>	HISTORIC YES <input type="checkbox"/> NO <input type="checkbox"/>	FRONT SETBACK:	SIDE SETBACK INTERIOR: EXTERIOR: REAR SETBACK: