

**CITY OF PALM DESERT****DEPARTMENT OF DEVELOPMENT SERVICES**

73510 Fred Waring Drive, Palm Desert, California 92260

Phone (760) 776-6435 • Fax (760) 776-6392 • permitcenter@cityofpalmdesert.org**BUILDING PERMIT APPLICATION**

Project Address: _____

Total Value of Work \$: _____

Project Description (Describe the Specific Nature of Approval Requested):

REROOF CRRC: _____ HVAC SEER: _____ WATER HEATER ENERGY: _____

OTHER: _____

Contractor Business Name:

_____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

License No. _____

Property Owner Name:

_____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

Architect/Designer Name (circle one):

_____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

License No. _____

Engineer Name:

_____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

License No. _____

Applicant Name:

_____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

Applicant Signature (**must match the applicant name above**): By signing this application, I certify that the information provided is accurate. I understand that the City might not approve what I am applying for and/or might require conditions of approval.

Print Name: _____ Signature: _____ Date: _____

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Roof Type (circle one): Shingles Built Up Concrete Foam Metal Tile type: _____				Occupancy Group (circle one): R2 R3 A.2 U R3-U A2 B M MIXED			
Construction Type (circle one): IA IB IIA IIB IIIA IIIB IV HT VA VB				Fire Sprinklers: YES <input type="checkbox"/> NO <input type="checkbox"/>			

Structure Information:

All applicable information must be completed below

<u>Commercial</u>	Remodel Sq. Ft.	Addition Sq. Ft.	<u>Residential</u>	Remodel Sq. Ft.	Addition Sq. Ft.
Assembly Area			Accessory Cover		
Office			Garage Area		
Retail			Living Area		
Warehouse/Storage			No. of Bedrooms		
Total Building			No. of Baths		
Accessory Cover			No. of Dwelling Units		

Multi-family, some Residential, and Commercial Projects plans must be submitted to the Fire Department. Fire requires one (1) complete set of plans. Please call Fire at (760) 346-1870 for further information.

THE FOLLOWING ITEMS ARE BEING SUBMITTED:

(Please check all that you have provided)

- | | |
|--|--|
| <input type="checkbox"/> 2 COMPLETE SETS OF PLANS , including the following supporting documents if applicable: | |
| <input type="checkbox"/> Structural Calculations | <input type="checkbox"/> Title 24 – Energy Calculations |
| <input type="checkbox"/> Truss Calculations | <input type="checkbox"/> Soils report |
| <input type="checkbox"/> CF-R Forms | <input type="checkbox"/> Manufacturer's Specifications |
| <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing | <input type="checkbox"/> HOA Letter of Approval (required by Planning Dept.) |
| <input type="checkbox"/> Assessor: | |

Please submit the following for new construction, square footage addition to an existing structure, photovoltaic and swimming pool permits

- ✓ Commercial projects- 1 title page, 1 site plan, 1 elevation, 1 floor plan
- ✓ Residential projects- 1 site plan, 1 dimensioned floor plan, at least 1 elevation plan

FEES

Plan Check Hourly: \$168.00 (*Plan Review Fees may be adjusted after Plan Review*)

Inspection Hourly: \$159.00

Archive Fee:

8.5x11 up to 11x17 \$.07 per page

Plans \$.80 per page

Do not base your permit fees off of the fees stated above. For Reference Only.

OFFICE USE ONLY

Permit No. _____

Plan Location: _____

APN: _____

Received By: _____