

CONSTRUCTION PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION 10300 TORRE AVENUE • CUPERTINO, CA 95014-3255 (408) 777-3228 • FAX (408) 777-3333 • building@cupertino.org



□ NEW CONSTRUCTION □ ADDITION □ ALTERATION / TI □ REVISION / DEFERRED ORIGINAL PERMIT #													#		
PROJECT ADDRESS APN #															
OWNER NAME P							PHONE E-MAIL								
STREET ADDRESS							CITY, STATE, ZIP				FAX				
CONTACT NAME							PHONE E-MAIL								
STREET ADDRESS							CITY, STATE, ZIP					FAX			
□ OWNER □ OWNER-BUILDER □ OWNER AGENT □ CONTRACTOR □ CONTRACTOR AGENT □ ARCHITECT □ ENGINEER □ DEVELOPER □ TENANT															
CONTRACTOR NAME LICE							NUMBER		LICENSE TYPE			BUS. LIC #			
COMPANY NAME						E-MAIL						FAX			
STREET ADDRESS						CITY, STATE, ZIP						PHONE			
ARCHITECT/ENGINEER NAME LICEN						NSE NUMBER						BUS. LIC #			
COMPANY NAME						E-MAIL						FAX			
STREET ADDRESS						CITY, STATE, ZIP						PHONE			
DESCRIPTION OF WORK															
EXISTING USE		PROPOSED USE C		CONSTR. T	CONSTR. TYPE		TORIES	USE	TYI	TYPE OCC.		SQ.FT.	VALUATION (\$)		
EXISTG AREA			DEMO AREA		TOTAL NET AREA										
BATHROOM REMODEL AREA	REA KITCHEN OTHEI REMODEL AREA REMO		ER ODEL AREA												
PORCH AREA DE	RCH AREA DECK AREA TOTAL DECK/PORCH AREA GARA				RAGE A	REA:	DETACH ATTACH								
# DWELLING UNITS: IS A SECOND UNIT YES SECOND SEING ADDITION NO ADDITION						RY	☐ YES ☐ NO								
PRE-APPLICATION ☐ YES IF YES, PROVIDE COPY OF PLANNING APPL# ☐ NO PLANNING APPROVAL LETTER EICHLER HO							☐ YES ☐ NO	RECEIVED B	Y:			TOTAL	VALUATION:		
By my signature below, I certify to each of the following: I am the property owner or authorized agent to act on the property owner's behalf. I have read this application and the information I have provided is correct. I have read the Description of Work and verify it is accurate. I agree to comply with all applicable local ordinances and state laws relating to building construction. I authorize representatives of Cupertino to enter the above-identified property for inspection purposes.															
Signature of Applicant/Agent: Date: SUPPLEMENTAL INFORMATION REQUIRED PLAN CHECK TYPE ROUTING SLIP															
New SFD or Multifamily dwellings: Apply for demolition permit for									PLAN CHECK TYPE			ROUTING SLIP			
existing building(s). Demolition permit is required prior to issuance of building permit for new building.									□ OVER-THE-COUNTER □ EXPRESS □				BUILDING PLAN REVIEW PLANNING PLAN REVIEW		
Commercial Bldgs: Provide a completed Hazardous Materials Disclosure													PUBLIC WORKS		
form if any Hazardous Materials are being used as part of this project.								□ LARGE	□ LARGE □				FIRE DEPT		
Copy of Planning Approval Letter or Meeting with Planning prior to submittal of Building Permit application.								☐ MAJOR	☐ MAJOR ☐				SANITARY SEWER DISTRICT		
											L F	ENVIRONMI	ENTAL HEALTH		