

CITY OF SANTA ANA

BUILDING PERMIT APPLICATION WORKSHEET

PLEASE PRINT

3/2/05:forms/Bldg.App.Worksheet

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 FL..	_____ SF	BASEMENT: YES/NO	_____ SF	NO. OF STORIES: _____
2ND FL..	_____ SF	PATIO/ENCL. PATIO:	_____ SF	BLDG. HEIGHT: _____
TOTAL OF OTHER FLS:	_____ SF	RES. REMODEL:	_____ SF	PROPOSED USE: _____
GARAGE/CARPORT:	_____ SF	ALTER/T.I.:	_____ SF	
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 NO:	
E-MAIL ADDRESS: _____				

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"/> Kitchen equipment |
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Partition walls |
| <input type="checkbox"/> Canopy | <input type="checkbox"/> Rated corridors |
| <input type="checkbox"/> Card readers | <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"/> Security bars |
| <input type="checkbox"/> Disabled accessible (H/C) restrooms | <input type="checkbox"/> Screening for equipment |
| <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 |

ITEMS REQUIRING SEPARATE BUILDING PERMIT APPLICATIONS:

- Block wall
- Complete demo
- Fence
- Fire signaling system
- Fire sprinklers
- Flagpole
- Lawn sprinkler system
- Light Standards
- Parking lot paving
- Parking lot striping
- Pedestrian protection
- Pool/Spa
- Signs
- Spray booth
- Temporary power pole
- Trash enclosure

