



# BUILDING PERMIT WORKSHEET

Separate applications are required for Electrical, Plumbing, Heating/Air Conditioning, Fire Sprinklers, B R C, and Signs

Application No. B ( ) \_\_\_\_\_

Please complete the section below clearly, legibly and in ink

PROJECT ADDRESS, CITY AND ZIP	UNIT (SUITE) NO.
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BLDG TYPE	<input type="checkbox"/> DWELLING / DUPLEX	<input type="checkbox"/> COMMERCIAL	SCOPE OF CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> NEW
	<input type="checkbox"/> APARTMENT / CONDO	<input type="checkbox"/> MIXED USE		<input type="checkbox"/> ALTERATION / REPAIR	<input type="checkbox"/> DEMOLITION

DESCRIPTION OF CONSTRUCTION ACTIVITY

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Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$	Revised Valuation: \$	<input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.
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Check one for the primary contact	<input type="checkbox"/>	APPLICANT'S NAME	MAILING ADDRESS	PHONE NO.	
		E-MAIL ADDRESS			
	<input type="checkbox"/>	PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.	
		E-MAIL ADDRESS			
	<input type="checkbox"/>	LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:			
		NAME:	MAILING ADDRESS:	PHONE NO.	LICENSE NO.
	E-MAIL ADDRESS				

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	COMPANY NAME	MAILING ADDRESS	PHONE NO.
E-MAIL ADDRESS			
LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE		

**STAFF USE ONLY BELOW THIS LINE**

APN NO.	LOT	TRACT NO.	HIGH FIRE / HAZARD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	ZONE USE	NAICS / STRUCTURE USE 1-5	P.C. FEE Y N
STRUCT. OCC. 1-5	OCC. FLOOR AREA 1-5	OCC. LOAD 1-5	STORIES	BASEMENT	MEZZ	ACCESSIBILITY Y N
					TYPE OF CONSTRUCTION 1 2	ENERGY Y N
GUSD FLOOR AREA	COMM'L	RESIDENTIAL	BLDG. FLOOR AREA	ABOVE GRADE	BELOW GRADE	CAL-GREEN Y N
					ZONING BLDG. HEIGHT	FIRE Y N
FIRE SPRKLR	EDITION OF THE CODE	STANDARD PARKING	ACTUAL	REQUIRED	DWELLING UNITS	SOIL REPORT Y N
					BEDROOMS	HOURS:

STAFF COMMENTS, (INITIALS)	NO PLAN REQUIRED <input type="checkbox"/>
	NEW CERT. OF OCCUPANCY <input type="checkbox"/>
	STRONG MOTION Y N

OK TO SUBMIT/EXPRESS BY:	SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.
Check only if applicable	<input type="checkbox"/> ENGINEERING	SIGNATURE	DATE	Plan Check Expiration Date:	
	<input type="checkbox"/> ZONING	SIGNATURE	DATE		
	<input type="checkbox"/> FIRE	SIGNATURE	DATE	P.W. EASEMENTS	P.L. TO CURB FACE
	<input type="checkbox"/> DESIGN REVIEW	SIGNATURE	DATE	<input type="checkbox"/> G.W.P. WATER	<input type="checkbox"/> PC <input type="checkbox"/> RW <input type="checkbox"/> BF
	<input type="checkbox"/> FOG	SIGNATURE	DATE	SIGNATURE	DATE
	<input type="checkbox"/> BLDG. PLAN CHECK	SIGNATURE	DATE	<input type="checkbox"/> G.W.P. ELECTRIC APPROVAL	DATE
			<input type="checkbox"/> AGENCY	SIGNATURE	DATE
OK TO ISSUE PERMIT BY:	SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO THE PROPERTY OWNER OR LICENSED GENERAL CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE PERMIT APPLICATION AS AGENT FOR THE OWNER OR CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL AND THE PLAN CHECK FEE FORFEITED TO THE CITY OF GLENDALE. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION IF RECEIVED PRIOR TO EXPIRATION DATE.

SUPP. P.C. FEE	Y	N
PERMIT FEE	Y	N

ADDRESS: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

Please Draw a Plot Plan: Locate all structures on lot

