

DATE RECEIVED:

APPLICATION NUMBER:

BUILDING PERMIT APPLICATION, ADDITION/ALTERATION TO EXISTING BUILDINGS

This information is required pursuant to Section 19825 of the Health and Safety Code of the State of California.

PROJECT INFORMATION							
PROJECT ADDRESS:					APN:		
PROJECT DESCRI	PTION:				ZONING:		
					PARCEI	PARCEL AREA:	
					LIVING AREA:		
					GARAGE AREA:		
						DECK AREA:	
		OWNER INF	ORMATION				
NAME:							
ADDRESS:			CITY:	STATE:		ZIP:	
PHONE:		CELL:		FAX:			
EMAIL:							
		APPLICANT IN	FORMATION:				
NAME:							
ADDRESS:			CITY:	STATE:		ZIP:	
PHONE:		CELL:		FAX:			
EMAIL:							
		CONTRACTOR	INFORMATION:				
NAME:							
ADDRESS:			CITY:	STATE:		ZIP:	
PHONE:		CELL:		FAX:			
EMAIL:			CA. LIC#				
	DES	SIGN PROFESSIO	NAL (Arch/Engin	eer)			
NAME:							
ADDRESS:			CITY:	STATE:		ZIP:	
PHONE:		CELL:		FAX:			
EMAIL: CA. LIC #							
SUBMITTAL REQUIREMENTS							
PLANS: If project includes an addition to an existing structure, submit two (2) complete sets of plans and							
specifications. If the proposed project includes only non-structural, interior alterations the site plan and exterior elevations may be omitted. See Building Plan Submittal Requirement sheet							
	attached.						
AQMD RELEASE:	Projects involving demolition of existing structures require an ASBESTOS DEMOLITION						
	NOTIFICATION AND RELEASE FORM approved by the Mendocino County Air Quality						
Control District before permit is issued. See form (ADRN 2791) attached.							
Signature of Owner / Agent Date							

	DEPARTMENT REVIEW							
			City Staff Use Only					
PL	ANNING:		_					
	No Comments							
	_	(Dept)	Signature	Date				
П	Comments/Condit	ions						
		(Dept)	Signature	Date				
BU	ULDING:							
	No Comments							
	_	(Dept)	Signature	Date				
П	Comments/Condit	ions						
								
	_							
PΙ	BLIC WORKS:	(Dept)	Signature	Date				
_								
	No Comments _	(Dept)	Signature	Date				
			-					
	Comments/Condit	ions						
		(Dept)	Signature	Date				
SE	WER:							
	No Comments _							
	_	(Dept)	Signature	Date				
П	Comments/Condit	ions						
_								
		(Dept)	Signature	Date				

WA	ATER:							
	No Comments _			- 				
		(Dept)	Signature	Date				
	Comments/Conditions							
	_	(Dept)	Signature	Date				
		(2)	Signiture	2				
FII	RE DISTRICT:							
	No Comments							
		(Dept)	Signature	Date				
	Comments/Condi	tions						
	-	(Dept)	Signature	Date				
		(Вері)	Signature	Bute				
PO	DLICE DEPT:							
	No Comments _							
		(Dept)	Signature	Date				
	Comments/Condi	tions						
	_	(D)	G'	D.44				
		(Dept)	Signature	Date				
			FEES					
	Building Permit A Planning review,	Application Fee,		\$				
	Sewer connection							
	Water connection							
	Building Permit, Grading Permit,							
	☐ Encroachment Permit,							
	Dunumg Standard	10 1 100,						