

City of SANTA CLARITA Building & Safety Phone: (661) 255-4935

Building & Safety PERMIT APPLICATION

| 1 | |
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| | |

Permit Number(s):

| Drai | iaat | | ooti | on |
|------|------|----|------|-----|
| Pro | eci | LU | Call | UII |

Please complete all applicable fields. Optional fields are surrounded by dashes ------.

| | Address: | | | Assessor's Parcel No. (APN): | |
|-------------------------|---|--------------------------|--------------------------------|---|--|
| Street Number S | Street Name | | | | |
| | Santa Clarita | СА | | | |
| Unit / Suite | City | State Zip Code | - | | |
| New Tracts Only | y: Tract No. | Phase: | Lot N | No Condo Lot No | |
| Project Inform | nation | | | | |
| Building / St | ructure Type: | This pe | ermit is for (s | select all that apply): | |
| Residential (s | single-family, | New Building or S | tructure | Change of Use / Occupancy | |
| duplex, or tow | , | ☐ Addition (adding s | ☐ Addition (adding square (for | | |
| | Residential (apartment, condo, hotel / motel, other residential) | | ng) | Demolition Only | |
| Commercial | | Remodel (existing space) | | Temporary / Event | |
| Mixed-use (re | esidential and | | | | |
| commercial) | | 🖵 Repair 🗖 Ot | her (specify): | | |
| Project or Bus | siness Name (if | applicable) | _ | Project Valuation | |
| | | | | \$ | |
| vroject Descr | iption Briefly descr | ibe the project below an | d include | The project valuation is the total | |
| ie areas (sq. ft.) of o | each portion of the wo | rk (new, addition, remod | lel, etc.) | value of all construction work for which the permit is issued. | |
| | | | | Trades included in this permit | |
| | | | | Mechanical (sheet 2) | |
| | | | | Electrical (sheet 3) | |
| | | | | Plumbing (sheet 4) | |
| | | | | Sewer (sheet 4) | |
| | | | | For projects with multiple trades please complete and attach additional M/E/P sheets. | |
| Permit Annlie | ant's Information | on | | | |
| | lated to the project? | Your Name | | | |

| How are you related to the project? | | Your Name |
|-------------------------------------|--------------------|---|
| Owner | Owner's agent | (First and Last): |
| Tenant | Tenant's agent | E-mail: |
| Contractor | Contractor's agent | Phone: |
| Architect | Architect's agent | Company: |
| Engineer | Engineer's agent | Contact during permit process (if other than permit applicant): |

PERMIT APPLICATION (continued)

Property Owner's Information

Tenant's Information (if applicable)

Individual and/or Company Name: Individual and/or Company Name: Phone:_____ Phone: E-mail: E-mail: Mailing Address: Mailing Address: _____ Contractor's Information Contractor Name: License Class:____ Company Name: License Number: Phone: Worker's Compensation Insurance: _____ E-mail: Carrier: Mailing Address: Policy No. Expir. Date: _____

Design Professional's Information (*if applicable*)

| Type of Professional: | Name: | |
|---------------------------|-------------|--|
| Architect | License No. | |
| Engineer (specify trade): | Phone: | |
| Designer (unlicensed) | E-mail: | |

Design Professional's Information (if applicable)

| Type of Professional: | Name: | |
|--|-------------|--|
| Architect Engineer (specify trade): | License No. | |
| | Phone: | |
| Designer (unlicensed) | E-mail:_ | |

Design Professional's Information (if applicable)

| Type of Professional: | Name: | |
|--|-------------|--|
| Architect Engineer (specify trade): | License No. | |
| | Phone: | |
| Designer (unlicensed) | E-mail: | |

I declare that the information provided in this application is correct to the best of my knowledge. I understand my responsibilities as the permit applicant. The City's acceptance of this application does not signify or imply any kind of approval of the project by the city. Clearances from other city divisions and outside agencies may be required prior to issuance of a building permit.

Permit Applicant's Signature

Today's Date

