



City of
SANTA CLARITA
Building & Safety
Phone: (661) 255-4935
www.santa-clarita.com/
building

Building & Safety PERMIT APPLICATION

1

Permit
Number(s): _____

Project Location

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

Address:

Street Number Street Name

Unit / Suite

Santa Clarita CA
City State Zip Code

OR

Assessor's Parcel No. (APN):

New Tracts Only: Tract No. _____ Phase: _____ Lot No. _____ Condo Lot No. _____

Project Information

<p>Building / Structure Type:</p> <p><input type="checkbox"/> Residential (single-family, duplex, or townhome)</p> <p><input type="checkbox"/> Residential (apartment, condo, hotel / motel, other residential)</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Mixed-use (residential and commercial)</p>	<p>This permit is for (select all that apply):</p> <p><input type="checkbox"/> New Building or Structure</p> <p><input type="checkbox"/> Addition (adding square footage to a building)</p> <p><input type="checkbox"/> Improvement / Alteration / Remodel (existing space)</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Change of Use / Occupancy (for example: office to retail)</p> <p><input type="checkbox"/> Demolition Only</p> <p><input type="checkbox"/> Temporary / Event</p> <p><input type="checkbox"/> Other (specify): _____</p>
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Project or Business Name *(if applicable)*

Project Valuation

\$ _____

Project Description *Briefly describe the project below and include the areas (sq. ft.) of each portion of the work (new, addition, remodel, etc.)*

The project valuation is the total 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 Applicant's Information

<p>How are you related to the project?</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Owner's agent</p> <p><input type="checkbox"/> Tenant <input type="checkbox"/> Tenant's agent</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's agent</p> <p><input type="checkbox"/> Architect <input type="checkbox"/> Architect's agent</p> <p><input type="checkbox"/> Engineer <input type="checkbox"/> Engineer's agent</p>	<p>Your Name (First and Last): _____</p> <p>E-mail: _____</p> <p>Phone: _____</p> <p>Company: _____</p> <p>Contact during permit process (if other than permit applicant): _____</p>
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Property Owner's Information

Individual and/or Company Name: _____
Phone: _____
E-mail: _____
Mailing Address: _____

Tenant's Information *(if applicable)*

Individual and/or Company Name: _____
Phone: _____
E-mail: _____
Mailing Address: _____

Contractor's Information

Contractor Name: _____	License Class: _____
Company Name: _____	License Number: _____
Phone: _____	Worker's Compensation Insurance: <input type="checkbox"/> Exempt
E-mail: _____	Carrier: _____
Mailing Address: _____	Policy No. _____
	Expir. Date: _____

Design Professional's Information *(if applicable)*

Type of Professional: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer (specify trade): _____ <input type="checkbox"/> Designer (unlicensed)	Name: _____
	License No. _____
	Phone: _____
	E-mail: _____

Design Professional's Information *(if applicable)*

Type of Professional: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer (specify trade): _____ <input type="checkbox"/> Designer (unlicensed)	Name: _____
	License No. _____
	Phone: _____
	E-mail: _____

Design Professional's Information *(if applicable)*

Type of Professional: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer (specify trade): _____ <input type="checkbox"/> Designer (unlicensed)	Name: _____
	License No. _____
	Phone: _____
	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



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MECHANICAL INFORMATION SHEET

2

Permit
 Number(s): _____

Please complete this mechanical information sheet and attach it to your Building & Safety Permit Application (sheet 1).

Mechanical Work Included in This Permit:

Description	Quantity
Air Handling Units / Blowers / Fans	
Up to 2,000 CFM	
Over 2,000 CFM	
Boiler	
Less than 400,000 BTU	
400,000 BTU or more	
Compressor	
Condenser	
Cooling Towers	
Less than 500,000 BTU	
500,000 BTU or more	
Direct Vent Space Heater / Heat Pump / Wall Furnace / Warm Air Furnace / Floor Furnace / Suspended Space Heater / Package Units	
Less than 500,000 BTU	
500,000 BTU or more	
Ducts	
Number of inlets / outlets	
OR floor area (sq. ft.)	
Duct Detector	
Dust Control System	
Environmental Equipment	
Evaporative Cooler / Evaporator	
Fire Damper	
Fire/Smoke Damper	
Fire Suppression System	
Fireplace (Decorative / Decorative Gas Appliance/ Zero Clearance)	
Garage Exhaust System	
Grease Duct	
Heat Recovery System	
Hood (Type I or II)	
Independent Venting System	
Mechanical Louver / Refrigeration Mechanical Louver	
Mechanical Units	
Less than 500,000 BTU	
500,000 BTU or more	
Non Conditioned Air Vent System	
Process Piping (number of lines)	
Product Conveying Vent	

Description	Quantity
System	
Refrigeration Compressor / Refrigeration Evaporator / Refrigeration Heat Recovery System / Refrigeration / Machinery Room	
Single Register Ventilation Fan	
Spray Booth	
Variable Air Volume Control Systems	
Other:	



ELECTRICAL INFORMATION SHEET

3

Permit
Number(s): _____

Please complete this electrical information sheet and attach it to your Building & Safety Permit Application (sheet 1).

Electrical Work Included in This Permit:

Description	Quantity
Outlets, Lights, Switches, and J-Box Receptacles:	
Calculated by floor area:	
Residential Buildings	
R-1 Structures (sq. ft.)	
R-3 Structures (sq. ft.)	
Commercial Buildings*	
Low Level (sq. ft.)	
Medium Level (sq. ft.)	
High Level (sq. ft.)	
OR Calculated individually:	
Receptacle, Switch, Lighting Outlet, and Lighting Fixture	

Electrical Work (in alphabetical order)

Amplifier	
Antennae - TV / Radio / Cell	
Appliance	
Residential	
Non-Residential	
ATM	
Branch Circuit / Busway / Cable Tray System / Feeder	
Capacitor	
Coating & Dipping Equip.	
Communication Circuit / Broadband Communication System / Data/Phone System	
Controller	
Up to 600 Volts	
More than 600 Volts	
Fire Alarm	
Generator	
(HP, KW, or KVA)	
Less than 50	
50 or more	
Heating / Air Conditioning Equip.	
Less than 5 tons	
5-10 tons	
More than 10 tons	
Hood (Type I or II)	
Industrial Machine	
Industrial Machine (Certification Required)	
Inverter / Rectifier / Phase Converter	

Description	Quantity
(HP, KW or KVA)	
Less than 50	
50 or more	
Medical & Dental Equipment (HP, KW or KVA)	
Less than 50	
50 or more	
Miscellaneous Conduits and Conductors	
Motion Picture Equipment	
Pedestal	
Photovoltaic System (Solar)	
Residential (Rooftop)	
Non-residential < 600V	
Non-residential ≥ 600V	
Pole or Platform Mounted Fixture	
Pool / Spa (New)	
Residential (sq. ft.)	
Non-residential (sq. ft.)	
Pool / Spa (Alteration)	
Power Pole - Permanent in Rural Areas	
Power Pole - Temporary for Construction Site	
Power Apparatus / Motors / Refrigeration Equip. (HP, KW, KVA, KVAR)	
1-10	
11-50	
More than 50	
Service / Main Panel / Sub-Panel / Meter / Sub-Meter / Switch Gear	
Less than 1,000 Amps	
1,000 Amps or more	
Sign / Outline Lighting (number of branch circuits)	
Sound Equipment	
Spray Booth	
Storage Battery (up to 6 batteries)	
Temporary Lighting	
Theatrical Lighting Fixture	
Transformer (KW or KVA)	
Less than 112.5	
112.5 or more	
TV / Closed Circuit Equip.	
Vehicle Charging System	

Description	Quantity
Residential	
Non-Residential	
X-Ray / Imaging Equip. (KW or KVA)	
1-3	
4-10	
11-50	
51-100	
100+	
Other:	

* Commercial Examples:
Low Level = Industrial
Medium Level = Office
High Level = Retail / Restaurant



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PLUMBING & SEWER INFORMATION SHEET

4

Permit
 Number(s): _____

Please complete this plumbing and sewer information sheet and attach it to your Building & Safety Permit Application (sheet 1).

Plumbing and/or Sewer Work Included in This Permit:

Plumbing Work

Description	Quantity
Plumbing Fixtures	
Repair or Alteration for:	
Drain Pipe or Ventilation (number of pipes)	
Lawn Sprinkler System	
Water Treating Equipment	
Re-pipe (Number of dwelling units)	
Single-Family Residential	
Multi-Family Residential	
Water Heater	
Water Service	
Swimming Pool Anti-Entrapment Device	
Swimming Pool Pump/Fill	
Solar Water Heating System	
Other:	

Sewer Work

Will there be any sewer work in the public right-of-way? Yes No

Description	Quantity
Additional House Connection	
Backwater Valve	
Clarifier	
Disposal Field	
Ejector Pump	
Grease Interceptor	
Grey Water System	
House Sewer Connection to Public Sewer	
Industrial Waste Interceptor (Non-Grease)	
On-Site Sewer (lineal feet)	
Private Sewage Disposal System	
New System	
Repair System	
Abandon System	
Repair of House Sewer	
Seepage Pit / Drainage Field	
Septic Tank	
Sewer Line Abandonment	
Sewer Repair / Replace	
Other:	

Gas System Work

Description	Quantity
Gas Meter (Non-Utility)	
Gas System (number of outlets)	
Low Pressure System	
Medium Pressure System	
Repair or Alteration for Low Pressure Gas Supply System (up to 5 outlets)	
Gas Appliances	
Swimming Pool Gas Heater	
Other:	