

Office use.	Parmit	Number

County of San Diego, Planning & Development Services COMMERCIAL BUILDING PERMIT APPLICATION BUILDING DIVISION

			APPLIC/	NT TO C	OMPLET	E THIS PA	GE	
	BUILDI	UILDING PROJECT IDENTIFICATION – This section must include the property owners phone number and email address.						
	Project .	Address:				Assessor Pa	arcel Number:	
	City:		State:	Zip:				
1	Owner	on Application:		<u> </u>		E-mail:		
	Street:					Unit #:		
	City:		State:	Zip:		Phone:		
	City:							
		SED CONTRACTOR DECLARATION - I				sions of Chapte	er 9 of Division 3 of the State of	of California Business and
2	Signatu	sions Code, commencing with Sec. 7000, a	and my license i	s in full force a	іпа епесі.		Date:	
_								
		DRNIA LICENSED CONTRACTOR INFOR	RMATION			CA Linamaa N	Number	
•		ense Class: ss Name:				CA License N E-mail:	Number:	
3	Street:	is italie.				Suite #:		
	City:	1	State:	Zip:		Phone:		
	OWNE	R-BUILDER DECLARATION – I hereby a	ffirm that I am e	xempt from the	e Contractor's	State License I	Law for one of the following re	easons:
		as owner of the property, building or improvole compensation. None of the structures,	0	/ 11		,	, ,	1 7
4		NOTICE TO APPLICANT: In all actions to one year after completion of same constitute.						
		of the sale or offering for sale of five or mor actures were undertaken for purposes of sa					pletion generally constitutes a	a conclusive presumption that
		as owner of the property, building or impro						
5	pursuant to the Contractors' State License Law to construct the project. I will not construct more than four (4) single-family residential structures which are intended or offered for sale within a calendar year, except that such limitation shall not apply if I contract with a general contractor for the construction (Sec. 7044(b), Business and							
	_	sions Code).					PC 1 (4) II	
6	sale, (2	m a homeowner improving my principal pla 2) I have resided in the residence for the tw	elve months pri	or to completic	on of the work	, and (3) I have	not used this exemption from	
	Law on more than two structures more than once during any three year period (Sec. 7044(c), Business and Professions Code). NOTICE TO APPLICANT: Sec. 7031.5 of the Business and Professions Code specifies that each county or city which requires the issuance of a permit as a condition				nce of a permit as a condition			
precedent to the construction, alteration, improvement, demolition or repair of any building or structure shall also require that each applicant for such a permit as a condition precedent to the issuance of a permit a statement which he or she has prepared and signed stating that the applicant is licensed under the provisions of Contractor's State License Law, or, if the applicant is exempt from the provisions of the Contractor's State License Law, the basis for the alleged exemption. Any violations of Sec. 7031.5 by any applicant for a permit shall be subject to a civil penalty of not more than five hundred dollars (\$500).				ant for such a permit file as a				
Owner's Signature: Date:								
	_	RS' COMPENSATION DECLARATION –	•			•		
		ave and will maintain workers' compensation My workers' compensation insurance carri			ection 3700 o	f the Labor Cod	de, for the performance of the	work for which this permit is
	Carrier:		o. aa poo,				Policy Number:	
(This section need not be completed if the permit is for one hundred dollars (\$100) or less)								
8	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Applicant's Signature: Date:							
		NG: Failure to secure worker's compensati \$100,000), in addition to the cost of compe						
	1	·						
I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to bui construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes. 9 Signature: Date:				state laws relating to building				
Applicant's Address:								
	1							

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PROJECT INFORMATION SHEET TO BE COMPLETED BY APPLICANT – Complete sections for proposed structures or work to be completed only, do not enter anything for existing structures. In most cases only 1 of the 3 sections will be completed (refer to section headings on sections 2 and 3 for exceptions)

PLAN CHECK CONTACT				
Name:		Phone #:		
Email:				
INSPECTION CONTACT				
Name:		Phone #:		
Email:				
NEW COMMERCIAL CONSTRUCT	TION - STRUCTURE TY	'PE	TOTAL SIZE	
☐ New Commercial Buildings		uilding Height:	Square Feet:	
☐ New Apartment Buildings		uilding Height:	Square Feet:	
☐ Cell Site	Number of Antenna:		Square Feet:	
☐ Cell Site Modification	Number of Antenna:		Square Feet:	
☐ Tenant Improvements - Yes or No (circle one) - If yes, complet	te the items below.	l	
Exterior Wall Infill			Square Feet:	
☐ Interior Partitions (added & remove	ved)		Linear Feet:	
☐ New Windows & Doors			Square Feet:	
			Project Valuation:	
			I	
RENEWABLE ENERGY (may be in Solar PV System	Roof Mount or Ground		Kilowatts:	
☐ Wind Turbine	Troof Mount of Ground	Would (on old ollo)	Total Wind Turbines	••
☐ EV Charging Station).
☐ EV Charging Station Total EV Stations:				
☐ Advanced Energy Storage System				
3, 3,				
MISCELLANEOUS (may be in cor	njunction with sections	s 1 or 2)	TOTAL SIZE	
☐ Swimming Pool			Square Feet:	
	County Standard or Engine	ered (circle all applicable)	Linear Feet:	Max Height:
☐ Deck ☐ Balcony			Square Feet:	
☐ Carport			Square Feet:	
☐ Patio Cover			Square Feet:	
Patio Enclosure Square Feet:				
Re-Roof Structural Re-Roof			Square Feet:	
☐ Electrical ☐ Meter Upgrad	de		AMPS:	
☐ Plumbing				
☐ Mechanical				
Additional items not included above (included	ide type and square footag	ro).		
Additional fields flot flicidaded above (flicid	ade type and square lootag	J○)		

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Continued

PROJECT WORKSHEET TO BE COMPLETED BY COUNTY STAFF - PLEASE PRINT CLEARLY

Project Address:			
Scope Code:	Use of Structure(s):		
Remarks			
WWDP Number or Sewer Receipt Number or Department of Environmental Health Approval:			
Structural Approved by:	Date:		
Zoning Approved by:	Date:		
Application Approved by:	Date:		

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