

**CITY OF FULLERTON
DEVELOPMENT SERVICES
PERMIT APPLICATION**

OKAY TO SUBMIT

Building _____

PLEASE PRINT

Planning _____

PROJECT ADDRESS: _____	SUITE _____
USE OF BUILDING: <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> ADU* <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> APTS/CONDO <input type="checkbox"/> OTHER	
NATURE OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTER/TENANT IMPROVEMENT <input type="checkbox"/> DEMOLITION <input type="checkbox"/> REROOF	
<input type="checkbox"/> SIGN <input type="checkbox"/> POOL/SPA <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> MECHANICAL* <input type="checkbox"/> ELECTRICAL* <input type="checkbox"/> PLUMBING*	
*Turn Over <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> BLOCK WALL <input type="checkbox"/> GREASE INTERCEPTOR	

JOB DESCRIPTION:

NEW/ADDITION/ALTERATION (NEW SQUARE FOOTAGE (SF) OR SQUARE FOOTAGE (SF) TO BE REMODELED)

1 ST FL: _____ (NEW) SF	RESIDENTIAL REMODEL: _____ SF	BLOCK WALL: _____ LF
2 ND FL: _____ (NEW) SF	GARAGE/CARPORT: _____ SF	SF PATIO/ENCL. PATIO: _____ SF
ALTERATION/T.I. _____ SF	LANDSCAPE AREA: _____ SF	LAWN REMOVAL: _____ SF

VALUATION (\$) OF WORK: \$ _____

RE-ROOF

#of squares _____ Type of Material: _____ Slope _____

Install New Sheathing Replace as Needed Sheathing Thickness _____ Sheathing Type _____

Synthetic Underlayment Felt # of Layers _____ Felt Weight _____

Tile Weight _____ psf Tile Manufacturer Name & ICC# _____

**Roof Manufacturer Name, CRRC# _____ Solar Reflectance _____ Thermal Emittance _____

Reinstall Existing Solar Modules

NOTE Structural Calculations showing roof support system is required when: **A**-Finished roof will have three (3) layers of roofing material **OR** **B**-Tile weighs 6.0 PSF or more

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # _____ **PHONE#2** _____

EMAIL ADDRESS _____

PROPERTY OWNER'S NAME: _____	PHONE: _____
	E-MAIL: _____
CONTRACTOR: _____	STATE LIC# _____ BUS. LIC# _____
SIGNATURE OF PERSON FILLING OUT FORM: _____	PRINTED NAME PERSON FILLING OUT FORM: _____ DATE _____

Electrical/Plumbing/Mechanical

Count Out

(Please indicate quantities)

JOB ADDRESS: _____

Plumbing:

Bathtub _____	Water Heater _____	Urinals _____
Shower _____	Water Softener * _____	Laundry Tray _____
Tub/Shower _____	Sink _____	Floor Tray _____
Lavs _____	Floor Sink _____	Clothes Washer _____
Water Closet _____	Mop Sink _____	Lawn Sprinkler _____
Gas System _____	Dishwasher * _____	Drinking Ftn _____
Water System _____	Garbage Disp * _____	Grease Int/Trap _____
Tankless Water Heater _____		
Alternative Gas line material/size _____		OTHER _____

*New installation only

Electrical:

Outlets _____	Switches _____	Fixtures _____
Service Main _____ @ _____ amps		_____ @ _____ amps
Sub Panels _____ @ _____ amps		_____ @ _____ amps
	_____ @ _____ amps	_____ @ _____ amps
Motors _____ @ _____ hp		_____ @ _____ hp
Transformers _____ @ _____ kva		_____ @ _____ kva
OTHER _____		

Mechanical:

Furnaces _____ @ _____ btus	_____ @ _____ btus
A/C Units _____ @ _____ tns	_____ @ _____ tns
Refrigeration Sys. _____ @ _____ btus	
Exhaust fans _____	
Kitchen Hood _____ type _____	
OTHER _____	_____

Landscape:

MAWA: _____ **% SPRINKLER:** _____

EAWU: _____ **% DRIP:** _____

Check one: **RESIDENTIAL** _____

COMMERCIAL _____

INDUSTRIAL _____

Landscape area: _____ square feet

Accessory Dwelling Unit (ADU):

Anticipated monthly rent to be charged: _____

(for informational purposes only, the City of Fullerton does not regulate rental rates)