

**CITY OF FULLERTON
DEVELOPMENT SERVICES
PERMIT APPLICATION**

PLEASE PRINT

PROJECT ADDRESS:	SUITE
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USE OF BUILDING:	SINGLE-FAMILY	MULTI-FAMILY	COMMERCIAL	APTS/CONDO	OTHER
NATURE OF WORK:	NEW	ADDITION	ALTER/TENANT IMPROVEMENT	DEMOLITION	REROOF
	SIGN	POOL/SPA	GRADING	MECHANICAL*	ELECTRICAL* PLUMBING*
	MISCELLANEOUS	BLOCK WALL (RETAINING)		BLOCK WALL (NON-RETAINING)	
	LANDSCAPE (NEW) / (RENOVATION)*				

***Turn Over**

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

1ST FL: _____(NEW) SF RESIDENTIAL REMODEL: _____SF BLOCK WALL: _____ LF

2ND FL: _____(NEW) SF GARAGE/CARPORT: _____SF SF PATIO/ENCL. PATIO: _____SF

ALTERATION/T.I. _____SF LANDSCAPE AREA: _____SF

JOB DESCRIPTION:

VALUATION (\$) OF WORK: \$ _____

RE-ROOF

#of squares _____ Type of material: _____ Slope _____

Sheathing thickness _____ Sheathing type _____

Felt weight _____ # of Layers _____

Tile weight _____psf Tile Manufacturer Name & ICC# _____

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

NOTE-Structural Calculations showing roof support system is required when: ****Required for any Commercial reroof**
A-Finished roof will have three (3) layers of roofing material **OR** or residential reroof with weight 5lbs or
B-Tile weighs 6.0 PSF or more greater

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

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

PHONE # _____ **PHONE#2** _____

EMAIL ADDRESS _____

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