

CITY OF FULLERTON DEVELOPMENT SERVICES PERMIT APPLICATION

Building _____

Planning _____

PLEASE PRINT

PROJECT ADDRESS:		SUITE	
USE OF BUILDING: SINGLE-FAMILY ADU* 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			
<u>NEW/ADDITION/ALTERATION (NEW SQUARE FOOTAGE (SF) OR SQUARE FOOTAGE (SF) TO BE REMODELED)</u>			
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			
JOB DESCRIPTION:			
VALUATION (\$) OF WORK: \$ _____			
<u>RE-ROOF</u>			
#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:	
CONTRACTOR:		STATE LIC.#	
SIGNATURE OF 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)