



BUILDING PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING DIVISION
8130 Allison Avenue, La Mesa, CA 91942
Phone: (619) 667-1176 • Fax: (619) 667-1380

DATE OF APPLICATION: _____ PLANCHECK NUMBER: _____

PROJECT STREET ADDRESS: _____

SUITE OR UNIT NUMBER: _____ ASSESSOR'S PARCEL NUMBER: _____ - _____ - _____

TYPE OF PROJECT:

Planchek processing requires plan set quantities to be submitted as noted:

- | | | |
|---|--|--|
| <input type="checkbox"/> New Commercial (4 Sets) | <input type="checkbox"/> New Residential (4 Sets) | <input type="checkbox"/> Pool/Spa (3 Sets) |
| <input type="checkbox"/> Tenant Improvement (4 Sets) | <input type="checkbox"/> Residential Addition/Alteration (4 Sets) | <input type="checkbox"/> Sign (3 Sets) |
| <input type="checkbox"/> Commercial Alteration (4 Sets) | <input type="checkbox"/> Minor Grading or Retaining Walls (3 Sets) | <input type="checkbox"/> Grading (5 Sets) |
| | <input type="checkbox"/> Residential Photovoltaic (3 sets) | |

Description of Proposed Work: _____

Area Calculations:

New: _____ s.f. Remodeled: _____ s.f. Demolished: _____ s.f.

MINOR PERMITS:

- PLUMBING:** Water Heater Residential Commercial Other: _____
- MECHANICAL:** FAU A/C Residential Commercial Other: _____
- ELECTRICAL UPGRADE:** Added amps: _____ A Total Amps: _____ A **SDGE WORK ORDER PROVIDED**
- ELECTRICAL ALT:** Meter Reset Residential Commercial Other: _____

• Applicant Information:

Name: _____	• Phone: _____
Address: _____	Fax: _____
City: _____ State _____ Zip _____	Email: _____

• Owner Information:

Name: _____	• Phone: _____
Address: _____	Fax: _____
City: _____ State _____ Zip _____	Email: _____

• Contractor Information:

Name: _____	• Phone: _____
State License Class and No: _____	Fax: _____
City Business License No: _____	Email: _____
Address: _____	
City: _____ State _____ Zip _____	

NOTE: STATE LAW REQUIRES THAT THE CONTRACTOR MAINTAIN ADEQUATE WORKERS COMPENSATION INSURANCE COVERAGE, WHEN REQUIRED. A BUILDING PERMIT CANNOT BE ISSUED UNTIL SUCH REQUIRED INSURANCE IS VERIFIED. OWNER/BUILDERS MUST COMPLETE AN OWNER-BUILDER VERIFICATION FORM.

• Applicant's Signature: _____ • Date: _____

