

CITY OF RANCHO SANTA MARGARITA – PERMIT / PLAN REVIEW APPLICATION



JOB ADDRESS _____

APPLICANT'S NAME _____

Address _____ City _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Business or Tenants' Name to occupy Building, Suite or Unit _____

PROPERTY OWNER'S NAME _____

Address _____ City _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

ARCHITECT / ENGINEER _____

Address _____ City _____ Zip Code _____

License Number _____ Phone Number _____

CONTRACTOR'S NAME _____ Phone Number _____

Address _____ City _____ Zip Code _____

Contractor License # _____ Class _____ Exp. Date _____

Name of Insurance Carrier _____ Policy # _____

Expiration Date: _____ or Check box if License is "Exempt"

WRITTEN DESCRIPTION OF WORK:	VALUATION OF JOB \$ _____
_____	_____
_____	_____
_____	_____
_____	_____
PROJECT SQ FOOTAGE _____ OCCUPANCY GROUP _____ TYPE OF CONST. _____	

Existing Roofing _____ Proposed Roofing _____

Light Wt Heavy Wt ICC Report # _____ Underlayment Material _____

DO NOT WRITE IN THE BOX BELOW - FOR OFFICE USE ONLY

BLDG Plan Check Fee		Mechanical Fee	
Inspection Fee		Electrical Fee	
Planning Issuance Fee		Plumbing Fee	
Planning Plan Check		Scanning Fee	
C & D Refundable Deposit		SMIP Fee	

I will ensure that items requiring inspections will not be covered without the approval of the CITY BUILDING INSPECTOR. I also understand that permit will EXPIRE if inspections are not scheduled every 180 days.

➔ SIGNATURE OF APPLICANT OR AGENT: _____