PHASE II

CITY OF RANCHO SANTA MARGARITA – PERMIT / PLAN REVIEW APPLICATION

JOB ADDRESS VTTM: 17805   Bldgs: 5-7   Units: 13-21

APPLICANT'S NAME PHIL COUGHLIN / PMC CONSULTING
Address 76 MERCANTILE WAY #809 City LADERA RANCH   Zip Code 92694
Phone Number (714) 812-4115   Alternate Phone Number PMCCONSULTING@COX.NET

PROPERTY OWNER'S NAME WILLIAM LYON HOMES, INC.
Address 4695 MACARTHUR CT. 8TH FLOOR City NEWPORT BEACH   Zip Code 92660
Phone Number (949) 476-1312   Alternate Phone Number ROLA.NICASIO@LYONHOMES.COM

ARCHITECT / ENGINEER URBAN ARENA
Address 3195 RED HILL AVE. LOFT F   City COSTA MESA   Zip Code 92626
License Number C21769   Phone Number (714) 754-4500

CONTRACTOR'S NAME WILLIAM LYON HOMES, INC. Phone Number 833-3600
Address 4695 MACARTHUR CT. 8TH FLOOR City NEWPORT BEACH   Zip Code 92660
Contractor License # 527293   Class B   Exp. Date 3/31/16
Name of Insurance Carrier STAR INDEMNITY & LIABILITY   Policy # 100000 1459
Expiration Date: _____   or Check box if License is "Exempt" ☐

WRITTEN DESCRIPTION OF WORK: Bldgs: 5-7 Units 13-21 PHASE 2
_____
_____
_____

PROJECT SQUARE FOOTAGE 15,853   OCCUPANCY GROUP R-3   TYPE OF CONST. V-B
VALUATION OF PROJECT $_____   ARE FIRE SPRINKLERS PRESENT? _____

PUBLIC WORKS SCREENING INFO:
Does the project involve ≥250 square feet of construction or demolition? _____
  • If yes, please obtain a "Construction & Demolition Permit" through the Public Works Department
Does the project include ≥ one acre of disturbed soil? _____
  • If yes, please provide a state required SWPPP to the Public Works Department
Is this a non-residential project that includes < one acre of disturbed soil? _____
  • If yes, please provide a city required WPCP to the Public Works Department

RE-ROOF INFORMATION:

Existing Roofing _____ Proposed Roofing _____
Light Wt ☐   Heavy Wt ☐   ICC Report #_____   Underlayment Material _____

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: _____

REVISED 01/05/2011