

CITY OF RANCHO SANTA MARGARITA – PERMIT / PLAN REVIEW APPLICATION



JOB ADDRESS _____

APPLICANT'S NAME _____

Address _____ City _____ Zip Code _____

Phone Number _____ Email Address _____

PROPERTY OWNER'S NAME _____

Address _____ City _____ Zip Code _____

Phone Number _____ Email Address _____

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: _____

PROJECT SQUARE FOOTAGE _____ OCCUPANCY GROUP _____ TYPE OF CONST. _____

VALUATION OF PROJECT \$ _____ ARE FIRE SPRINKLERS PRESENT? _____

PUBLIC WORKS SCREENING INFO:

Does the project involve \geq 250 square feet of construction or demolition? _____

- If yes, please obtain a "Construction & Demolition Permit" through the Public Works Department

Does the project include \geq 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: _____