



City of Pacifica

BUILDING PERMIT APPLICATION

Project Address: _____ Date: _____

Project Valuation: _____ Square Footage (New) _____ (Exist.) _____

Property Owner:	Project Agent:
Address (City/ State/ Zip):	Address (City/ State/ Zip):
Phone/Email:	Phone/Email:

Contractor :		Architect/Engineer/Designer: (Circle One)
Address:		Address:
City/ State/ Zip:		City/State/ Zip:
Phone:		Phone:
Email:		Email:
CSLB #:	City Bus. License #:	CSLB #:

Project description (Scope of work)

Permit Type: (Check all that apply)

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> New Structure | <input type="checkbox"/> Roof | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Addition | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Legalization of Existing |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Remodel | <input type="checkbox"/> Electrical | <input type="checkbox"/> Revision |
| <input type="checkbox"/> Demo | <input type="checkbox"/> ADU | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other _____ |

If reviewed by Planning Commission, provide date of approval: _____

Office Use Only:	Plan Check Amount \$ _____	
Due Date: _____	GV # _____	
<input type="checkbox"/> Building	<input type="checkbox"/> Planning	<input type="checkbox"/> Engineering
<input type="checkbox"/> WWTP	<input type="checkbox"/> Fire	
New Submittal Rcvd: _____	Completed _____	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections By: _____ Hours: _____
1 st Resubmittal Rcvd: _____	Completed _____	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections By: _____ Hours: _____
2 nd Resubmittal Rcvd: _____	Completed _____	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections By: _____ Hours: _____
3 rd Resubmittal Rcvd: _____	Completed _____	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections By: _____ Hours: _____
4 th Resubmittal Rcvd: _____	Completed _____	<input type="checkbox"/> Approved <input type="checkbox"/> Corrections By: _____ Hours: _____
Department Final required <input type="checkbox"/>	Encroachment permit needed? <input type="checkbox"/>	Project within Heritage tree drip line? <input type="checkbox"/>