



DEPARTMENT OF
BUILDING & SAFETY
 8353 SIERRA AVE, FONTANA, CA 92335
 (909) 350-7640

APPLICATION FOR BUILDING PERMIT AND PLAN CHECK

**APPLICATIONS CAN BE SUBMITTED
 BETWEEN 8:00 A.M. & 5:00 P.M. M-TH**

Stock Plan Check #: (PHASING PROJECTS ONLY)		Planning Files / ID: (DR, CUP, ASP, etc.)		Specific Plan:	
Job Site Address:					PC/PERMIT #: (OFFICE USE ONLY)
OWNER:					Telephone: ()
Mailing Address:					Cell: ()
City:	State:	Zip:	E-Mail:		FAX: ()
CONTACT:					Telephone: ()
Mailing Address:					Cell: ()
City:	State:	Zip:	E-Mail:		FAX: ()
CONTRACTOR:					Telephone: ()
Address:					Cell: ()
City:	State:	Zip:	E-Mail:		FAX ()
State License #:		State License Class:		City Business License #:	
ARCH / ENGR / DESIGNER:					State Lic./Reg. #:
Address:					Telephone: ()
City:	State:	Zip:	E-Mail:		Cell / FAX: ()
DESCRIPTION OF PROPOSED WORK:					

(Please provide a complete description of the proposed work for which you wish to obtain a permit. If submitting plans for review, please indicate precisely what these plans are being submitted for. See other side – Page 2 – if additional space is needed.)					
TYPE OF CONST:	OCC. CLASS.:	FLOOR AREA:		GRDG/PVG AREA:	
TRACT NO.:	LOT No.(S):	APN:		EST. VAL.:	

(APPLICATION FOR BUILDING PERMIT AND PLAN CHECK)

(Description Of Proposed Work Continued)

Is this application for a Medical Clinic that will be Licensed by OSHPD III? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type of clinic? <input type="checkbox"/> PRIMARY-CARE <input type="checkbox"/> SPECIALTY <input type="checkbox"/> PSYCHOLOGY
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I am submitting _____ sets of complete grading plans.

I am submitting _____ sets of complete working drawings.

I am submitting _____ sets of complete structural calculations.

I am submitting _____ sets of complete Title 24 energy calculations.

I am submitting _____ sets of preliminary soils reports.

I am submitting _____ sets of complete hydrology and hydraulic calculations/reports.

I am submitting _____

APPLICANT:

I am aware that an incomplete submittal may be returned to me, or my designee, without being reviewed. I am also aware that these plans will only be reviewed for the work that I have described on this application.

_____ PRINT NAME _____ SIGNATURE _____ DATE

NOTE: APPLICATIONS FOR PLAN CHECK ARE VALID FOR 180 DAYS FROM THE DATE OF THE FIRST APPLICATION. (All applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and any other data submitted for review may thereafter be destroyed or returned to the applicant, at the sole discretion of the B&S Division. The B&S Division, upon receiving written request from the applicant showing that circumstances beyond the control of the applicant have prevented action from being taken, may extend the time for action by the applicant for a single period not exceeding 180 days. No application shall be extended more than once. In order to renew action on an application after expiration, the applicant shall resubmit a new complete application (plans, calculations and other data) and pay a new plan check fee.