INFORMATION PERTAINING TO APPLICATION FOR BUILDING PERMIT, CITY OF PASO ROBLES

The following information should be filled out as completely as possible.
Failure to do so may impede the permit process

 PLEASE PRINT:

PROJECT ADDRESS: #_____ **STREET**_____**LOT**_____**TRACT**_____

OWNER (S): _____PHONE: (____) _____

OWNER (S) ADDRESS:_____E-MAIL: _____

TENANT (S): _____PHONE: (____)_____

TENANT (S) ADDRESS:_____E-MAIL: _____

AGENT FOR OWNER: _____PHONE: (____)_____

AGENTS' ADDRESS:_____E-MAIL: _____

ARCH./DRAFTSMAN:_____PHONE: (____)_____

ARCH./DRAFTSMAN ADDRESS:_____E-MAIL: _____

CONTRACTOR:_____PHONE: (____)_____

ADDRESS:_____E-MAIL: _____

CONTRACTORS' LICENSE NUMBER:_____ LICENSE CLASS:_____ EXPIRATION DATE:_____

PROJECT INFORMATION: SCOPE OF WORK: _____

VALUE OF PROJECT: $_____

PERMIT REQUESTED: BUILDING _____ DEMOLITION _____ MECHANICAL/PLUMBING/ELECTRICAL _____

SWIMMING POOL/SPA ____ SIGN _____

TOTAL SQUARE FEET OF BUILDING:_____ GARAGE:_____ PATIO/DECK:_____

SETBACKS: FRONT:_____FT. SIDES:_____ _____FT. REAR:_____FT.

NUMBER OF STORIES: _____NUMBER BEDROOMS: _____ NUMBER BATHROOMS: _____

OCCUPANCY GROUP: _____

CONSTRUCTION TYPE: _____ l A, ll A _____ll1A, VA _____ ll B, lll B, lV, V B

APPLICATION #_____

PLEASE COMPLETE THE REVERSE SIDE

CONSTRUCTION MATERIALS:

FRAME:	FOUNDATION:	ROOF:	HEATING:	EXTERIOR WALL:
WOOD	WOOD	BUILT-UP	ELEC.	WOOD SIDING
METAL	CONCRETE	METAL	GAS FURN.	STUCCO
TIMBER	SLAB	COMP SHING.	GAS WALL	MASONRY VENEER
MASONRY	PIERS.CAISS	TILE	SOLAR	CONCRETE BLOCK
		OTHER		METAL

UTILITIES:

TYPE WATER HEATING:_____ FIREPLACE TYPE:_____

HVAC:_____ TYPE: __GAS __LPG __ELEC. __OTHER:_____

SIZE:_____BTU

SEWERAGE DISPOSAL: _____CITY SEWER _____PRIVATE

RETAINING WALL INFORMATION:

LENGTH:_____ HEIGHT:_____ MATERIAL:_____

INDUSTRIAL WASTE:

Will your business have any wastewater discharge from any fixture or equipment other than a hand sink or bathroom fixtures? Yes or No

If Yes, what are they?_____