

BUILDING PERMIT APPLICATION

CITY OF IRVINE
 Community Development Dept., Building & Safety
 One Civic Center Plaza
 PO Box 19575, Irvine, CA 92623-9575
 For Permit Information: 949-724-6300
 For Inspection Information: 949-724-6500



For Office Use Only:	
Plan Check #:	_____
Submittal Date:	_____
Target Date:	_____

Project Address: _____ Suite #: _____ Zip Code: _____
 Assessor's Parcel No.: _____ Tract No.: _____ Lot No.: _____ Grid No.: _____

Permit Type(s) Applied For:

<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Structural	<input type="checkbox"/> Commercial Plumbing*	<input type="checkbox"/> Residential Building
	<input type="checkbox"/> Non-Structural	<input type="checkbox"/> Commercial Electrical*	
		<input type="checkbox"/> Commercial Mechanical*	* REQUIRES TAKE-OFFS

APPLICANT INFORMATION

Applicant/
Co. Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone No.: _____ Ext.: _____
 Contact : _____
 Fax No.: _____

PROJECT INFORMATION

Description of work: _____
 Related Case No(s): _____
 Occupancy Group(s): _____ Construction Type: _____
 Occupancy: Current: _____ Proposed: _____
 Current Use: _____ Proposed Use: _____
 Valuation: _____ Number of stories: _____
 Sprinklers: Yes No A/C: Yes No

Property
Owner: _____
 Address: _____
 City: _____ Zip: _____
 Phone No.: _____ Ext.: _____
 Contact: _____
 Fax No.: _____

EXISTING BUILDING

Check all that apply:

<input type="checkbox"/> Int. Alterations: _____ Sq.Ft.	<input type="checkbox"/> Repair: _____ Sq.Ft.
<input type="checkbox"/> Ext. Alterations: _____ Sq.Ft.	<input type="checkbox"/> Parking Lot:
<input type="checkbox"/> Addition: _____ Sq.Ft.	_____ Sq.Ft.
<input type="checkbox"/> Demolition: _____ Sq.Ft.	No. of spaces: _____

Tenant: _____
 Address: _____
 City: _____ Zip: _____
 Phone No.: _____ Ext.: _____
 Fax No.: _____
 Contact: _____

NEW BUILDINGS ONLY

COMMERCIAL:
Complete building data sheet for building floorplans.
 Total number of buildings: _____
 Square footage for each building: _____
 Use of each building: _____

RESIDENTIAL:
Complete data sheets for each floor plan type or building type.
 Please circle one:
 Models or Production SFD/Det. Condo/Condo/Apt/Hotel
 Total square footage of all units/plan types: _____
 If Condo/Apt/Hotel, number of dwelling units per building:

For Office Use Only: PLAN CHECK FEE SUMMARY

Building _____	Electrical: _____
Energy: _____	Mechanical: _____
Zoning: _____	Plumbing: _____
	Automation: _____

TOTAL PLAN CHECK FEES: \$ _____
 Receipt #: _____ Customer #: _____
 IFAS #: _____
 TMPL #: _____ Initials: _____
 TMPL #: _____

By signing below, I certify the above information to be true and correct.

SIGNATURE OF APPLICANT _____	PRINT APPLICANT NAME _____
Date _____	