



CITY OF  
SANTA CLARITA  
BUILDING &  
SAFETY  
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[www.santa-clarita.com/cityhall/pw/building](http://www.santa-clarita.com/cityhall/pw/building)

**PERMIT APPLICATION  
GENERAL INFORMATION SHEET  
FOR ALL PROJECTS**

BIN #

**2**

*Please complete all fields that apply to the project.  
(Bold line areas require information or N/A.)*

MASTER CASE #:		APN.#:		PERMIT #:	
<b>PROJECT VALUATION: \$</b>				<b>DATE:</b>	
<b>APPLICANT NAME:</b>			<b>COMPANY:</b>		
<b>APPLICANT CONTACT INFO: PHONE #(S)</b>				<b>EMAIL:</b>	
<b>PROJECT ADDRESS:</b>				<b>UNIT #:</b>	<b>TRACT #:</b>
<b>LOT #:</b>					
PROJECT OR BUSINESS NAME (IF APPLICABLE):					
DESCRIPTION OF PROPOSED WORK:					
WILL WORK BE DONE AS OWNER/BUILDER? YES <input type="checkbox"/> NO <input type="checkbox"/>					
PEOPLE ASSOCIATED WITH THIS PROJECT (PROVIDE ALL APPLICABLE INFORMATION)					
<b>PROPERTY OWNER NAME:</b>			<b>PHONE #:</b>		<b>FAX #:</b>
<b>MAILING ADDRESS</b>				<b>EMAIL:</b>	
<b>CITY:</b>			<b>STATE:</b>		<b>ZIP:</b>
<b>BUSINESS OWNER NAME:</b>			<b>PHONE #:</b>		<b>FAX #:</b>
<b>MAILING ADDRESS:</b>				<b>EMAIL:</b>	
<b>CITY:</b>			<b>STATE:</b>		<b>ZIP:</b>
<b>CONTRACTOR NAME:</b>			<b>COMPANY:</b>		
<b>MAILING ADDRESS:</b>				<b>PHONE #:</b>	
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>	<b>CELL #:</b>	
<b>LICENSE #:</b>	<b>CLASS #:</b>	<b>EXP. DATE:</b>		<b>FAX #:</b>	
<b>WC POLICY #:</b>	<b>COMPANY:</b>	<b>EXP. DATE:</b>		<b>EMAIL #:</b>	
<b>ARCHITECT / FIRM:</b>				<b>LICENSE #:</b>	
<b>RESPONSIBLE INDIVIDUAL</b>				<b>PHONE #:</b>	
<b>ADDRESS:</b>				<b>FAX #:</b>	
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>	<b>EMAIL:</b>	
<b>DESIGNER / FIRM:</b>				<b>LICENSE #:</b>	
<b>RESPONSIBLE INDIVIDUAL:</b>				<b>PHONE #:</b>	
<b>ADDRESS:</b>				<b>FAX #:</b>	
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>	<b>EMAIL:</b>	
<b>STRUCTURAL ENGINEER / FIRM:</b>				<b>LICENSE #:</b>	
<b>RESPONSIBLE INDIVIDUAL:</b>				<b>PHONE #:</b>	
<b>ADDRESS:</b>				<b>FAX #:</b>	
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>	<b>EMAIL:</b>	

<b>GEOTECHNICAL ENGINEER / FIRM:</b>			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS:			FAX #:
CITY:	STATE:	ZIP:	EMAIL:
<b>MECHANICAL ENGINEER / FIRM:</b>			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS:			FAX #:
CITY:	STATE:	ZIP:	EMAIL:
<b>ELECTRICAL ENGINEER / FIRM:</b>			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS			FAX #:
CITY:	STATE:	ZIP:	EMAIL:

**PARCEL INFORMATION (Tenant improvement and interior alterations answer questions 1-4 only)**

Parcel Size:	Ac.	Total Parking:	Spaces:	Grading: CUT _____ YDS	FILL _____ YDS
1.	Will any demolition take place?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
2.	Is a Yard Agreement currently in effect allowing building area increases?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
3.	Is property served by a private sewage disposal system as opposed to public sewer system? If yes, Septic Tank Size? _____ gal. <b>Type:</b> Drainage Line <input type="checkbox"/> Seepage Pit <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
4.	Are there any easements on the property?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
5.	Is any portion of the property located on a hillside area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
6.	Are there any oak trees on the property?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
7.	Is the proposed building in a flood zone or flood hazard area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
8.	Are there any known or suspected geologic hazards or soils hazards on the property?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
9.	Is any work proposed near a natural wash or creek area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
10.	Is any portion of the property located within 1,000 feet of a natural hillside area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>

**HAZMAT / AQMD DISCLOSURES**

1.	Will the building occupant(s) handle hazardous or acutely hazardous materials or mixtures in amounts which require disclosure as described in the Hazardous Materials Disclosure Program? (California Health & Safety Code Chapter 6.95 and California Code of Regulations Title 19)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2.	Will the intended use of the building require a permit for construction or modification from the South Coast Air Quality Management District as described in the Air Quality Permit Checklist?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.	Will any asbestos be disturbed or removed from the building?	YES <input type="checkbox"/> NO <input type="checkbox"/>	N/A: <input type="checkbox"/>

By signing below, I declare that the information provided in this permit application is true and correct to the best of my knowledge. I understand my responsibilities as the permit applicant. Prior to the issuance of a permit, I agree to fulfill all applicable requirements of state and local laws.

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**