



**CITY OF
SANTA CLARITA
BUILDING &
SAFETY**
Phone: (661) 255-4935
Fax: (661) 291-1559
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 #:	
PROJECT VALUATION: \$				DATE:	
APPLICANT NAME:			COMPANY:		
APPLICANT CONTACT INFO: PHONE #(S)				EMAIL:	
PROJECT ADDRESS:				UNIT #:	TRACT #:
LOT #:					
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)					
PROPERTY OWNER NAME:			PHONE #:		FAX #:
MAILING ADDRESS				EMAIL:	
CITY:			STATE:		ZIP:
BUSINESS OWNER NAME:			PHONE #:		FAX #:
MAILING ADDRESS:				EMAIL:	
CITY:			STATE:		ZIP:
CONTRACTOR NAME:			COMPANY:		
MAILING ADDRESS:				PHONE #:	
CITY:		STATE:	ZIP:	CELL #:	
LICENSE #:	CLASS #:	EXP. DATE:		FAX #:	
WC POLICY #:	COMPANY:	EXP. DATE:		EMAIL #:	
ARCHITECT / FIRM:				LICENSE #:	
RESPONSIBLE INDIVIDUAL				PHONE #:	
ADDRESS:				FAX #:	
CITY:		STATE:	ZIP:	EMAIL:	
DESIGNER / FIRM:				LICENSE #:	
RESPONSIBLE INDIVIDUAL:				PHONE #:	
ADDRESS:				FAX #:	
CITY:		STATE:	ZIP:	EMAIL:	
STRUCTURAL ENGINEER / FIRM:				LICENSE #:	
RESPONSIBLE INDIVIDUAL:				PHONE #:	
ADDRESS:				FAX #:	
CITY:		STATE:	ZIP:	EMAIL:	

GEOTECHNICAL ENGINEER / FIRM:			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS:			FAX #:
CITY:	STATE:	ZIP:	EMAIL:
MECHANICAL ENGINEER / FIRM:			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS:			FAX #:
CITY:	STATE:	ZIP:	EMAIL:
ELECTRICAL ENGINEER / FIRM:			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. Type: 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 located on or off site that could be impacted as a result of this project?			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

Do not write below. For office use only

Fire Zone Flood Zone LMD Oak Trees Septic Pool Slopes Easements Soils Parcel Tags

CIRCLE ALL THAT APPLY



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BUILDING Information Sheet

BIN #

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

PROJECT ADDRESS:		UNIT:	PERMIT #:	
APPLICANT:			PHONE #:	
WORK TO INCLUDE: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Sewer			SEPARATE WORK: <input type="checkbox"/> Grading <input type="checkbox"/> Demo <input type="checkbox"/> R.O.W	
BLDG AREA: NEW:	Sq.Ft.	ALTER/REMODEL:	GARAGE:	Sq.Ft.
(TABLE 3A) PRIMARY OCCUPANCY GROUP:		(TABLE 6-A) TYPE OF CONS.:	(TABLE 10-A) BLDG OCC. LOAD:	
			STORIES:	# OF UNITS:
CONSTRUCTION & BUILDING INFORMATION:				
<input type="checkbox"/> Alcohol Served	<input type="checkbox"/> Area Separation Walls	<input type="checkbox"/> Caissons	<input type="checkbox"/> Commercial Cooking	<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Non-Ambulatory Care Facility	<input type="checkbox"/> Post Tension Slab	<input type="checkbox"/> Steel Moment Frame	<input type="checkbox"/> X-Ray Equipment	<input type="checkbox"/> High Pile Storage
BUILDING TYPE:		SPRINKLERED BUILDING: YES <input type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Concrete Tilt-Up	<input type="checkbox"/> Steel Stud	<input type="checkbox"/> Log	<input type="checkbox"/> Concrete Frame
<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel Frame	<input type="checkbox"/> Prefabricated Steel/Wood	<input type="checkbox"/> Tents	<input type="checkbox"/> Other: <i>Specify</i>
NATURE OF WORK:				
<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> EQ Retrofit	<input type="checkbox"/> New Shell Bldg	<input type="checkbox"/> Relocated Building
<input type="checkbox"/> Alteration	<input type="checkbox"/> EQ Repair	<input type="checkbox"/> New Building/Structure	<input type="checkbox"/> Rehab	<input type="checkbox"/> Repair
USE GROUP:				
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial	<input type="checkbox"/> Educational	<input type="checkbox"/> Government	<input type="checkbox"/> Industrial
<input type="checkbox"/> Religious	<input type="checkbox"/> Residential	<input type="checkbox"/> Transportation		<input type="checkbox"/> Institutional
TYPE OF USE: (Use Detail)				
Residential		<input type="checkbox"/> Animal Care	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Medical Lab
<input type="checkbox"/> Apartments	<input type="checkbox"/> Auto Service	<input type="checkbox"/> Feed Storage	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Condos	<input type="checkbox"/> Bank	<input type="checkbox"/> Film Studio	<input type="checkbox"/> Medical Rehabilitation	<input type="checkbox"/> Retail
<input type="checkbox"/> Congregate Residence	<input type="checkbox"/> Barn	<input type="checkbox"/> Financial	<input type="checkbox"/> Mortuary	<input type="checkbox"/> Sales Office
<input type="checkbox"/> Dorms	<input type="checkbox"/> Bus Shelter	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Museum / Exhibit	<input type="checkbox"/> School
<input type="checkbox"/> Duplex	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Fuel Station	<input type="checkbox"/> Nursery	<input type="checkbox"/> Seasonal Retail
<input type="checkbox"/> Elderly Care	<input type="checkbox"/> Church / Temple	<input type="checkbox"/> Green House	<input type="checkbox"/> Office	<input type="checkbox"/> Service Outlet
<input type="checkbox"/> Model Home	<input type="checkbox"/> Clinic	<input type="checkbox"/> Health	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Social
<input type="checkbox"/> Shelter	<input type="checkbox"/> Convention Hall	<input type="checkbox"/> Hospital	<input type="checkbox"/> Parking (Private)	<input type="checkbox"/> Special Event
<input type="checkbox"/> Single-Family Residence	<input type="checkbox"/> Correctional	<input type="checkbox"/> Hotel	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Special Care
<input type="checkbox"/> Temporary Housing	<input type="checkbox"/> Day Care	<input type="checkbox"/> Infant / Child Care	<input type="checkbox"/> Post Office	<input type="checkbox"/> Sports & Recreation
<input type="checkbox"/> Town Homes	<input type="checkbox"/> Dealer	<input type="checkbox"/> Instructional	<input type="checkbox"/> Preschool	<input type="checkbox"/> Sports Venue
Non-Residential		<input type="checkbox"/> Laboratory	<input type="checkbox"/> Public Transit	<input type="checkbox"/> Storage
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Dental Office	<input type="checkbox"/> Library	<input type="checkbox"/> Recreation	<input type="checkbox"/> Tattoo Parlor
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Dry Cleaning	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Recycle	<input type="checkbox"/> Theatre
<input type="checkbox"/> Amusement	<input type="checkbox"/> Elderly Care	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Transit Station
	<input type="checkbox"/> Emergency Services			<input type="checkbox"/> Warehouse
STRUCTURE TYPE:				
<input type="checkbox"/> Accessory Bldg	<input type="checkbox"/> Carport	<input type="checkbox"/> Guard Shack	<input type="checkbox"/> Siding	
<input type="checkbox"/> Amusement Structure	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Kiosk	<input type="checkbox"/> Sign	
<input type="checkbox"/> Antenna	<input type="checkbox"/> Court	<input type="checkbox"/> Loading Dock	<input type="checkbox"/> Spray Booth	
<input type="checkbox"/> ATM	<input type="checkbox"/> Deck	<input type="checkbox"/> Mezzanine/Loft	<input type="checkbox"/> Stable	
<input type="checkbox"/> Aviary	<input type="checkbox"/> Demising Wall	<input type="checkbox"/> Partitions	<input type="checkbox"/> Stage	
<input type="checkbox"/> Awnings	<input type="checkbox"/> Enclosed Patio	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Stairway	
<input type="checkbox"/> Balcony	<input type="checkbox"/> Equip. Screening	<input type="checkbox"/> Pedestrian Protection	<input type="checkbox"/> Storage Shed	
<input type="checkbox"/> Barbeque	<input type="checkbox"/> Equip. Sup/Anchorage	<input type="checkbox"/> Pool House	<input type="checkbox"/> Tanks/Silos	
<input type="checkbox"/> Barn	<input type="checkbox"/> Fence/Gate/Pilasters	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Tent	
<input type="checkbox"/> Bleachers	<input type="checkbox"/> Fireplace/Chimney	<input type="checkbox"/> Racks	<input type="checkbox"/> Trash Enclosure	
<input type="checkbox"/> Block Wall	<input type="checkbox"/> Flag Pole	<input type="checkbox"/> Ramp	<input type="checkbox"/> Trellis/Arbor	
<input type="checkbox"/> Bridge	<input type="checkbox"/> Flatwork	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Water Feature	
<input type="checkbox"/> Building	<input type="checkbox"/> Foundation	<input type="checkbox"/> Roof	<input type="checkbox"/> Window/Door/Sky	
<input type="checkbox"/> Bus Shelter	<input type="checkbox"/> Garage	<input type="checkbox"/> Shaft		
<input type="checkbox"/> Canopy	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Shoring		



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MECHANICAL Information Sheet

BIN #

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

PROJECT / OWNER NAME:		PERMIT # (S):
PROJECT ADDRESS:		
PHONE#:	UNIT#:	VALUATION: \$
IS WORK PART OF A BUILDING PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, NO VALUATION NEEDED) ▶		
DESCRIPTION OF WORK:		

CONTRACTOR COMPANY:		CONTRACTOR NAME:	
MAILING ADDRESS:			PHONE #:
CITY:	STATE:	ZIP:	CELL #:
LICENSE #:	CLASS #:	EXP. DATE:	FAX #:
WC COMPANY:	POLICY #:	EXP. DATE:	EMAIL #:

(A) *HVAC UNITS*

QTY	DESCRIPTION
	Condensers SEER BTU
	Cooling Towers BTU
	Direct Vent Space Heat BTU
	Evaporative Coolers
	Evaporators
	Floor Furnace BTU
	Heat Pumps BTU
	Package Units BTU
	Refrigeration Compressors
	Refrigeration Evaporators
	Refrigeration Heat Recovery System
	Refrigeration Machinery Rooms
	Refrigeration Mechanical Louvers
	Suspended Space Heat BTU
	Wall Furnace BTU
	Warm Air Furnace % AFUE BTU

(B) *AIR INLETS & OUTLETS*

QTY	DESCRIPTION
	Ducts (Inlets & Outlets) Per Sq. Foot
	Ducts (Inlets & Outlets) Per Unit

(C) *AIR HANDLING EQUIPMENT*

QTY	DESCRIPTION
	Air Handlers CFM
	Blowers CFM
	Fans CFM
	Hoods & Ducts
	Mechanical Louvers
	Non-Conditioned Air Vent System
	Single Register Ventilation Fan
	VAV Systems

(D) *COMMERCIAL EQUIPMENT*

QTY	DESCRIPTION
	Boilers BTU
	Compressors
	Dust Control System
	Environmental Equipment
	Heat Recovery Systems
	Paint/Spray Booth
	Process Piping

(E) *GENERAL EQUIPMENT*

QTY	DESCRIPTION
	Decorative Fireplace
	Decorative Gas Appliance
	Zero Clearance Fireplace

(F) *FIRE PROTECTION SYSTEMS*

QTY	DESCRIPTION
	Comb. Smoke/Fire Dampers
	Duct Detectors
	Fire Dampers
	Fire Suppression System

(F) *COMMERCIAL KITCHEN EQUIP.*

	Grease Ducts
	Type I Hoods
	Type II Hoods

OTHER



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PLUMBING / SEWER Information Sheet

BIN #

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

PROJECT/OWNER NAME:		PERMIT # :
PROJECT ADDRESS:		
PHONE #:	UNIT #:	VALUATION: \$
SEPARATE WORK? SEWER <input type="checkbox"/> ROW <input type="checkbox"/>	IS WORK PART OF A BUILDING PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>	◀(IF YES, NO VALUATION NEEDED)
DESCRIPTION OF WORK:		

CONTRACTOR COMPANY:		CONTRACTOR NAME:	
MAILING ADDRESS:			PHONE #:
CITY:	STATE:	ZIP:	CELL #:
LICENSE #:	CLASS #:	EXP. DATE:	FAX #:
WC COMPANY:	POLICY #:	EXP. DATE:	EMAIL #:

(A) *GENERAL FIXTURES*

QTY	DESCRIPTION
	Backflow Prevention Device
	Bar Sink
	Circulating Systems
	Clothes Washer
	Dishwashers (Non Sanitizing)
	Drain, Waste, Vent Repair
	Garbage Disposal Unit
	Hose Bibs
	Ice Makers
	Irrigation Systems
	Kitchen Sinks
	Laundry/Utility Sink
	Lawn Sprinkler System (Atmospheric)
	On-Site Water
	Repipe (Multi-Family)
	Repipe (Residential)
	Sinks
	Solar Water Heating System
	Sumps/Pumps/Ejectors
	Water Conditioning Equipment
	Water Heater (Instantaneous)
	Water Heater Change Out
	Water Heaters (Storage Type)
	Water Pressure Regulators
	Water Service
	Water Softeners

(B) *BATHROOM FIXTURES*

	Bathtubs
	Bathtub/Shower Combo
	Bidet
	Lavatories
	Showers
	Toilets/Water Closets
	Urinals

(C) *GAS EQUIPMENT*

QTY	DESCRIPTION
	EQ Shut Off Valve
	Gas BBQ
	Gas Clothes Dryer
	Gas Fire Pit/Log Lighter
	Gas Fireplace
	Gas Meter (Non Utility)
	Gas Pool Heater
	Gas Range/Cook Tops
	Gas System (Elevated Pressure)
	Gas System (Low Pressure)

(D) *POOLS & SPAS*

	Pool-Fill Supply Line
	Swimming Pool Pumps

(E) *COMMERCIAL FIXTURES*

	Drinking Fountains
	Degreasers
	Floor Drains/Overflow Pans
	Indirect Waste Line
	Pressure Washer
	Roof Drain / Overflow Drain / Scupper
	Service / Mop Sink
	Standpipes
	Sterilizers
	Trap Primers
	Trough Drains
	Wash Fountains
	Water Cooled Compressors

(F) *COMMERCIAL KITCHEN EQUIP*

	Carbonators
	Dishwasher Sanitizing Dispensers
	Dispensing Equip. w/Water Make Up
	Food Prep Sink
	Grease Traps
	Hand Sink

(F) *COMM. KITCHEN EQUIP. CNT'D*

QTY	DESCRIPTION
	Hood Wash System
	Pot Sink
	Pre-Rinse
	Silverware Washing Machine
	Scullery Sink
	Trash Can Washer

(H) *HEALTH SPA/NAIL&HAIR SALON*

	Pedicure Chairs/Equipment
	Shampoo Bowls
	Showers / Steam Generators
	Spa/Hydrotherapy Unit

*******SEWER*******

RESIDENTIAL / COMMERCIAL

	Abandon Sewer Line
	Backwater Valve
	Connect Sewer Lateral to Public Sewer
	Ejector Pump
	Grease Interceptor gal.
	Industrial Waste Interceptor
	Sewer Lateral
	Sewer Repair
	Additional House Connection
	On-Site Sewer

PRIVATE SEWAGE DISPOSAL SYS

	Disconnect / Abandon Private System
	Disposal Field, # of Lines Length: ft
	Repair Private System
	Seepage Pit
	Septic Tank, Size: gal.

OTHER
