

**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:

OWNER (S): _____ PHONE: (____) _____

OWNER (S) ADDRESS: _____ E-MAIL: _____

TENANT (S): _____ PHONE: (____) _____

TENANT (S) ADDRESS: _____ E-MAIL: _____

AGENT FOR OWNER: _____ PHONE: (____) _____

AGENTS' ADDRESS: _____ E-MAIL: _____

PROJECT ADDRESS: # _____ STREET _____ LOT _____ TRACT _____

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 BEDROOMS: _____ **NUMBER BATHROOMS:** _____ **NUMBER OF STORIES:** _____

OCCUPANCY GROUP: _____

CONSTRUCTION TYPE: _____ I A, II A _____ IIIA, VA _____ II B, III B, IV, V B

APPLICATION # _____

PLEASE COMPLETE THE REVERSE SIDE

CONSTRUCTION MATERIALS:

FRAME: FOUNDATION: ROOF: HEATING: EXTERIOR WALL:

- | | | | | |
|----------------------------------|---------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> WOOD | <input type="checkbox"/> WOOD | <input type="checkbox"/> BUILT-UP | <input type="checkbox"/> ELEC | <input type="checkbox"/> WOOD SIDING |
| <input type="checkbox"/> METAL | <input type="checkbox"/> CONCRETE | <input type="checkbox"/> METAL | <input type="checkbox"/> GAS FURN. | <input type="checkbox"/> STUCCO |
| <input type="checkbox"/> TIMBER | <input type="checkbox"/> SLAB | <input type="checkbox"/> COMP SHING. | <input type="checkbox"/> GAS WALL | <input type="checkbox"/> MASONRY VENEER |
| <input type="checkbox"/> MASONRY | <input type="checkbox"/> PIERS.CAISS. | <input type="checkbox"/> TILE | <input type="checkbox"/> SOLAR | <input type="checkbox"/> CONCRETE BLOCK |
| | | <input type="checkbox"/> OTHER | | <input type="checkbox"/> 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? _____
