BUILDING PERMIT APPLICATION

CITY OF SANTA CRUZ

PERMIT #	DATE
EXPECTED PLAN CHECK DUE DATE	

PROJECT ADDRESS	APN

☐ RESIDENTIAL				☐ COMMERICAL			
SQ FT	NEW	ADD	REM	**SQ FT**	NEW	ADD	TI

PROJECT DESCRIPTION:

CHECK ONE: ☐ PROPERTY OWNER ☐ TENANT ☐ AGENT		**CHECK ONE:** ☐ ARCHITECT ☐ ENGINEER ☐ DESIGNER	
NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE		PHONE	
E-MAIL		E-MAIL	
CONTACT PERSON		☐ OWNER/BUILDER ☐ CONTRACTOR **LIC #**	
NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE		PHONE	
E-MAIL		E-MAIL	

ROUTING	CONTACT	PLAN SETS	REVISION		COMMENTS	APPROVED	
			DATE	SIGN		DATE	SIGN
Control Set		1					
Building In House	(831) 420-5417	2					
Building Out (CSG)	(650) 522-2500	2					
Energy	Same as Building	2 docs					
Green Building	(831) 420-5417	1					
Planning/Zoning	(831) 420-5416	1					
Public Works	(831) 420-5176	1					
Fire	(831) 420-5280	1					
Water Engineering	(831) 420-5210	1					
Water Conservation	(831) 420-5230	1					

SQUARE FOOTAGE	Estimate	Final Cost/SF	Value
New Heated SF			
Remodel Heated SF			
Non-Heated SF			
Deck SF			
BUILDING DEPARTMENT VALUATION $			
CONTRACTOR'S BID AMOUNT $			

PERMIT INFORMATION
PROPERTY ADDRESS:
PERMIT #:
OCCUPANCY CLASS:
TYPE OF CONSTRUCTION:
OF STORIES:
CURRENTLY SPRINKLERED: **Y** **N**

FEES	Prepaid	Actual	Refund/Due
Building Plan Check*	__	__	__
Planning Plan Check*	__	__	__
Energy Plan Check*	__	__	__
Public Works Plan Check*	__	__	__
Building Permit Fee*	__	__	__
Strong Motion Fee	__	__	__
CBSC Fee	__	__	__
Building Inspector Training	__	**$3.00**	__
Document Handling	__	__	__
Technology Fee	__	__	__
Green Building Education Fund	__	__	__
Outside Fire Plan Check	__	__	__
Address Fee	__	__	__
Fire Plan Check	__	__	__
General Plan Maintenance	__	__	__
Parks & Recreation Fee	__	__	__
Quimby Fees**	__	__	__
Electrical Permit Fee*	__	__	__
Plumbing Permit*	__	__	__
Mechanical Permit Fee*	__	__	__
TIF/City Wide***	__	__	__
TIF/SOLA****	__	__	__
TOTAL PREPAID $	__		
TOTAL PERMIT FEE $		__	
TOTAL DUE AT ISSUE $			__

FEE INFORMATION
QUIMBY FEE** ☐ Required ☐ Not Required
PARK QUADRANT: ☐ NW ☐ NE ☐ SW ☐ SE
TIF/ CITY WIDE*** ☐ Required ☐ Not Required
BEACH AREA/ TIF SOLA**** ☐ Required ☐ Not Required
FEE COMPLETION DATE:
☐ FEES ENTERED IN COMPUTER
☐ OWNER/AGENT NOTIFIED DATE:
☐ OTHER:
PLAN REVIEW EXPIRES: