



## REMODEL TO SINGLE FAMILY DWELLING WORKSHEET

Application No. \_\_\_\_\_

Please Type or Print Legibly in Ink, attach a plot plan or a sketch on reverse

**PROJECT ADDRESS, CITY AND ZIP**

**DESCRIPTION OF WORK**

<b>Cost of Construction:</b> (Includes all materials and labor costs. This may be revised by the Building Official.) \$ _____	<b>Revised Valuation:</b> \$ _____	<input type="checkbox"/> <b>CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.</b>
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<b>Type</b> <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom (s) # _____ <input type="checkbox"/> Stucco / Re-stucco <input type="checkbox"/> Replace Windows <input type="checkbox"/> Non-Block Fence	<b>Plumbing</b> <input type="checkbox"/> Re-pipe <input type="checkbox"/> Sewer Cap <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Softener <input type="checkbox"/> Lawn Sprinklers <input type="checkbox"/> Sewer Facility Fee \$ _____	<b>Mechanical</b> <input type="checkbox"/> Bathroom Vent Fan  <b>Note: New FAU requires a separate application.</b>	<b>Electrical</b> <input type="checkbox"/> Landscape Lighting <input type="checkbox"/> Branch Circuits # _____  <b>Note: New electrical service requires a separate application.</b>
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<b>Check one for the primary contact</b>	<input type="checkbox"/> <b>APPLICANT'S NAME</b> _____	<b>MAILING ADDRESS</b> _____	<b>BUS. PHONE NO.</b> _____	
	<b>E-MAIL ADDRESS</b> _____			
	<input type="checkbox"/> <b>PROPERTY OWNER'S NAME</b> _____	<b>MAILING ADDRESS</b> _____	<b>PHONE NO.</b> _____	
	<b>E-MAIL ADDRESS</b> _____			
	<input type="checkbox"/> <b>LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:</b>			<b>LICENSE NO.</b> _____
	<b>MAILING ADDRESS:</b> _____		<b>PHONE NO.</b> _____	<b>LICENSE NO.</b> _____
<b>E-MAIL ADDRESS</b> _____				

**CALIFORNIA LICENSED CONTRACTOR'S DECLARATION:** I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

<b>CONTRACTOR'S NAME</b> _____	<b>MAILING ADDRESS</b> _____	<b>PHONE NO.</b> _____
<b>COMPANY NAME</b>		
<b>E-MAIL ADDRESS</b> _____		
<b>LICENSE CLASS AND NUMBER</b> _____		<b>CONTRACTOR SIGNATURE</b> _____

STAFF USE ONLY BELOW THIS LINE											
APN	TRACT NO.	LOT	HIGH FIRE HAZARD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ZONE USE	NICS	OCC. 1	OCC. 2			
						8141 SFD	R3	U			
OCC. 1 FLR. AREA	OCC. 2 FLR. AREA	DESIGN OCCUPANT LOAD	2	STORIES	BASEMENT	MEZZ.	TYPE OF CONST.	GUSD FLR. AREA	BLDG. FLR. AREA ABOVE GRADE		
							V-B	+0			
BLDG. FLR. AREA BELOW GRADE	ZONING BLDG. HEIGHT	BEDROOMS	DWELLING UNITS	FIRE SPRINKLERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	THE EDITION OF THE CODE					
	+0		ONE			GBC 2014					
<b>STAFF COMMENTS, (INITIALS)</b>											

<b>OK TO SUBMIT BY:</b>	SIGNATURE	DATE	<b>ACCEPTED BY:</b>	DATE	RECEIPT NO.	<b>P.C. FEE</b>
<input type="checkbox"/> <b>ENGINEERING</b>	SIGNATURE	DATE	<input type="checkbox"/> <b>G.W.P. WATER</b>	SIGNATURE	DATE	Y N
<input type="checkbox"/> <b>FIRE</b>	SIGNATURE	DATE	<input type="checkbox"/> <b>G.W.P. ELECTRIC</b>	SIGNATURE	DATE	Y N
<input type="checkbox"/> <b>ZONING</b>	SIGNATURE	DATE	<input type="checkbox"/> <b>AGENCY</b>	SIGNATURE	DATE	Y N
<input type="checkbox"/> <b>DESIGN REVIEW</b>	SIGNATURE	DATE	<input type="checkbox"/> <b>AGENCY</b>	SIGNATURE	DATE	Y N
<input type="checkbox"/> <b>BLDG. PLAN CHECK</b>	SIGNATURE	DATE	<input type="checkbox"/> <b>AGENCY</b>	SIGNATURE	DATE	Y N
<b>OK TO ISSUE PERMIT BY:</b>	SIGNATURE	DATE	<b>ACCEPTED BY:</b>	DATE	RECEIPT NO.	<b>ARCHIVE (Pages)</b>

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO THE PROPERTY OWNER OR LICENSED GENERAL CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE PERMIT APPLICATION AS AGENT FOR THE CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL AND THE PLAN CHECK FEE FORFEITED TO THE CITY OF GLENDALE. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION IF RECEIVED PRIOR TO EXPIRATION DATE.

SUPP. P.C. FEE	Y	N
PERMIT FEE	Y	N

ADDRESS: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

**Please Draw a Plot Plan.** Locate all structures on lot

A large, empty rectangular box with a thin black border, intended for drawing a plot plan. The box occupies most of the page below the instruction text.