



CITY OF GLENDALE - BUILDING AND SAFETY
 633 E. Broadway, Room 101 Glendale, CA 91206
 818) 548-3200, 548-4830 (Inspection)
BUILDING PERMIT WORKSHEET

FOUNDATION RETROFIT

Separate applications are required for Building, Electrical, Plumbing, Heating/Air Conditioning, Fire Sprinklers, B R C, and Signs

Application No. B() _____

Please complete the section below clearly, legibly and in ink

PROJECT ADDRESS, CITY AND ZIP _____ UNIT (SUITE) NO. _____

BLDG TYPE DWELLING / DUPLEX APARTMENT / CONDO COMMERCIAL MIXED USE

DESCRIPTION OF CONSTRUCTION ACTIVITY

Voluntary complete seismic strengthening for raised floor, cripple wall bracing and foundation sill anchorage per:

- Standard plan A (2008) Residential seismic strengthening plan.
- LA DBS standard plan earthquake hazard reduction in existing wood frame residential buildings with weak cripple walls and unbolted sill plates.
- Engineered plans by a license civil/structural Engineer.

Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$ _____ Revised Valuation: \$ _____ CHECK THIS BOX IF WORK HAS ALREADY STARTED Double the permit fee will be charged for legalization.

Check one for the primary contact	<input type="checkbox"/>	APPLICANT'S NAME	MAILING ADDRESS	PHONE NO.	
		E-MAIL ADDRESS			
	<input type="checkbox"/>	PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.	
		E-MAIL ADDRESS			
	<input type="checkbox"/>	LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:			
		NAME:	MAILING ADDRESS:	PHONE NO.	LICENSE NO.
	E-MAIL ADDRESS				

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.

CONTRACTOR'S NAME _____ MAILING ADDRESS _____ PHONE NO. _____

COMPANY NAME

E-MAIL ADDRESS _____

LICENSE CLASS AND NUMBER _____ CONTRACTOR SIGNATURE _____

STAFF USE ONLY BELOW THIS LINE

APN NO.	LOT	TRACT NO.	HIGH FIRE / HAZARD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	ZONE USE	NAICS / STRUCTURE USE 1-5
STRUCT. OCC. 1-5	OCC. FLOOR AREA 1-5	OCC. LOAD 1-5	STORIES	BASEMENT	MEZZ
GUSD FLOOR AREA	COMM'L	RESIDENTIAL	BLDG. FLOOR AREA	ABOVE GRADE	BELOW GRADE
FIRE SPRKLR	EDITION OF THE CODE	STANDARD PARKING	ACTUAL	REQUIRED	DWELLING UNITS
					BEDROOMS
ZONING BLDG. HEIGHT					

STAFF COMMENTS, (INITIALS) _____ P.C. FEE Y N

STRONG MOTION Y N

OK TO SUBMIT/EXPRESS BY: SIGNATURE DATE ACCEPTED BY: DATE RECEIPT NO. S.F.C. Y N

ENGINEERING SIGNATURE DATE Plan Check Expiration Date: CONSTR. DEBRIS Y N

ZONING SIGNATURE DATE P.W. EASEMENTS P.L. TO CURB FACE ARCHIVE FEE (PAGES)

FIRE SIGNATURE DATE G.W.P. WATER PC RW BF SUPP. P.C. FEE Y N

DESIGN REVIEW SIGNATURE DATE G.W.P. ELECTRIC APPROVAL DATE DOUBLE FEE Y N

BLDG. PLAN CHECK SIGNATURE DATE PERMIT FEE Y N

OK TO ISSUE PERMIT BY: SIGNATURE DATE ACCEPTED BY: DATE RECEIPT NO. Y N

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 OWNER OR 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.

ADDRESS: _____

PERMIT NO. _____

INSPECTION	APPROVED	DATE
FINAL INSPECTION		

PLOT PLAN

