# BUILDING/FIRE PERMIT and PLAN CHECK APPLICATION

**City of Watsonville**
**Building Department**
**250 Main Street**
**Watsonville, CA 95076**
**831-768-3050**
**Fax: 831-728-6154**

DATE: _____

APP/PERMIT # _____

Received by: _____

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*Please print clearly and fill in all that apply.*

PROJECT ADDRESS: _____     APN # _____

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### ☐ PROPERTY OWNER  ☐ CONTRACTOR

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP:_____

PHONE #: (_____)_____

E-MAIL ADDRESS:_____

PROJECT CONTACT PERSON: _____

LICENSE # _____ LICENSE CLASS_____

### ☐ ARCHITECT  ☐ DESIGNER  ☐ ENGINEER

LICENSE / REGISTRATION #: _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (_____)_____  PHONE #: (_____)_____

EMAIL ADDRESS: _____

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## PERMIT APPLICATION WORKSHEET

*PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY.*

TYPE OF CONSTRUCTION: _____ OCCUPANCY: _____ ZONE: _____ SPRINKLERS ..... ☐ YES ..... ☐ NO

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**DESCRIPTION OF WORK:** *(Please fill-in and mark all that apply)*     CONSTRUCTION VALUATION: $ _____

☐ **NONRESIDENTIAL**  ☐ **RESIDENTIAL**

| | | | | |
|---|---|---|---|---|
| ☐ New Building | ☐ Addition | ☐ Alteration | ☐ Termite/Dry Rot Repair | ☐ Demolish |
| ☐ Move Building | ☐ Fire Sprinklers | ☐ Sign | ☐ Foundation Only | ☐ Chimney Repair |
| ☐ Tenant Improvement | ☐ Swimming Pool/Spa | ☐ Fire Repair | ☐ Change Order | ☐ Other _____ |

Description/Scope of Work: _____

_____

_____

_____

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**DESCRIPTION OF BUILDING:** *(Please fill-in and mark all that apply)*

| | | | | |
|---|---|---|---|---|
| ☐ Office/Bank/Professional | ☐ Single Family  ☐ Duplex ☐ Townhouse | ☐ Condominium | ☐ Apartment Building | |
| ☐ Hotel/Motel | ☐ Amusement/Recreation | ☐ Industrial | ☐ Service Station | ☐ Medical Building |
| ☐ Restaurant | ☐ Accessory Building | ☐ Historical | ☐ Educational /School | |
| ☐ City/County Owned | ☐ Church | ☐ Store | ☐ Other _____ | |

Building Area: _____ Sq. Ft.     Building Height: _____ Ft.     Stories: _____

**EXISTING:** FLOOR AREA _____ GARAGE _____ OTHER _____ # UNITS _____

**PROPOSED:** FLOOR AREA _____ GARAGE _____ OTHER _____ # UNITS _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Total Number of Rooms: _____

APPLICANT SIGNATURE :_____     DATE: _____