



Building Permit Application

Community Development Department-Building Services Division

Permit Information:

Date: _____
 Job Address: _____
 Existing Fire Sprinklers? Yes No
 Valuation of Construction:\$ _____
 Occupancy Type: _____
 Construction Type: _____
 Sq. Ft. of Construction: _____
 Number of new buildings & units: _____

Is this permit to clear a Code Enforcement violation? Yes No

Type of Permit(s) Applying for:

- | | |
|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Solar PV | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Revision | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Attached ADU |
| <input type="checkbox"/> Detached ADU | <input type="checkbox"/> Junior ADU |
| <input type="checkbox"/> Other: _____ | |

Description of Work:

(Please be detailed, work not noted may not be covered by the permit)

Property Owner Information:

Property Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

Applicant Information:

- Property Owner
 Property Owner will complete the work
 (Submit completed Owner-Builder Declaration).
 Licensed Contractor will complete the work
 (Information to be provided prior to permit issuance).
 Contractor
 Authorized Agent (Must present company letterhead & ID)

Name: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

Contractor Information:

Company Name: _____
 License Class: _____
 License Number: _____
 City Business License Number: _____

(Current Business License with the City of East Palo Alto is required. Please contact the Planning Division for new licenses; or Finance Department for renewals)

Worker's Compensation Information:

- Current Worker's Compensation Insurance
 Policy Number: _____
 Carrier: _____
 Expiration Date: _____
 Self-Insured
 Exempt from Worker's Comp. (Sole Employee)

Architect/Engineer:

CA License Number: _____
 Expiration Date: _____

We only accept check or cash payments – no debit or credit cards