



BUILDING PERMIT APPLICATION

35 Cajon Street
Suite 20
Redlands, California 92373
(909)798-7536 FAX (909)798-8715
www.cityofredlands.org/

FOR OFFICE USE ONLY	Plan Check Fees Paid		Permit #	Bin
	YES	NO		
Notes				
Routed to: <input type="checkbox"/> Building & Safety <input type="checkbox"/> Planning <input type="checkbox"/> Fire <input type="checkbox"/> MUED <input type="checkbox"/> Quality of Life				

(Please Print Clearly)

PROPERTY/WORK DESCRIPTION

Is this application the result of a Code Violation? YES NO

Street Address: _____

Work Description: _____

Suite/Unit #: _____ City: _____ Zip: _____

Business Name (if applicable): _____

Occupancy: _____ Construction Type: _____ Zoning: _____

Valuation of Project: _____

PROPERTY OWNER

Is this permit being pulled as Owner/Builder? YES (PROPERTY OWNER'S PACKAGE) NO

Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CONTRACTOR/ARCHITECT/ENGINEER

Company Name: _____ License #: _____ Class: _____ Expires: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Contact Person: _____ Phone: _____

APPLICANT (PRIMARY CONTACT)

All communication from our office regarding your permit will be made to this person.

Primary Contact Name: _____

Firm: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

I Represent: Owner Contractor Authorized Agent: Y N (Please provide a NOTARIZED Authorized Agent Form)

Applicant Signature _____ Date of Application _____

City of Redlands

Building & Safety Division

35 Cajon St., Suite 20

Redlands, Ca 92373

Phone (909) 798-7536

www.cityofredlands.org

MINIMUM PLAN CHECK SUBMITTAL CHECKLIST

Front counter staff will review this checklist prior to plan check submittal to ensure completeness.

Residential: New Addition/Alteration
(Circle one)

Commercial: New/Addition T.I.
(Circle one)

	Documents	Check If Provided	Filled by Staff	
			Required	Provided
Plans	Completed building permit application form			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Detailed Scope of Work on cover sheet			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Project Data (Type of Const., Occupancy Group, sq.ft., structure height, fire sprinklers, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Plot Plan/Site Plan (including property setback dimensions, location of septic system, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Floor Plans (existing and proposed)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cross Sections/details			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Elevations			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Roof Plan			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Energy Forms (including Energy and Zero Net Energy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Foundation Plan			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Structural Framing Plans			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Structural Details			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical/ Electrical/ Plumbing plan			<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be completed by Applicant

I understand that an incomplete plan check submittal may result in delay of project approval

Applicant Name (Print) _____ Contact Phone No. _____

Signature _____ Date _____