



PERMIT APPLICATION WORKSHEET

Planning and Building Department
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 Hours:
 8 am-4pm M,Tu,Th,F
 9:30 am-4 pm Wed

PLEASE COMPLETE ALL INFORMATION. APPLICANTS WITH INCOMPLETE WORKSHEETS MAY BE ASKED TO GET A NEW NUMBER. INACCURATE INFORMATION MAY LEAD TO SUSPENSION OF THE PERMIT. ADDITIONAL PERMITS MAY BE REQUIRED, i.e., Electrical, Plumbing, Mechanical, Sewer, Obstruction.

TYPE OF PERMIT: (SELECT one)		<u>SCHOOL FEE (SF)</u>	<u>ADDRESS FEE</u>
<input type="checkbox"/> BUILDING		Commercial \$0.56	\$154.91
<input type="checkbox"/> SIGN		Residential \$3.48	\$56.23
		Change of Address for Any Occupancy \$403.92	
TYPE OF WORK (SELECT one) :			
1-New Construction	<input type="checkbox"/>	6- Demolition	SQ.FT. <input type="checkbox"/>
2- Repair	<input type="checkbox"/>	7- Solar Panels	<input type="checkbox"/>
3- Addition	<input type="checkbox"/>	8- Retrofit	<input type="checkbox"/>
4- Cell Site	<input type="checkbox"/>	9- C.O/S.A	<input type="checkbox"/>
5- Alteration/T.I	<input type="checkbox"/>	10- Change in Use	<input type="checkbox"/>
IS THIS APPLICATION RELATED TO ANY OTHER PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE PERMIT # PLANNING CASE FILE #	
IS THIS APPLICATION RELATED TO A COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO		OR COMPLAINT #:	
SITE ADDRESS/JOB LOCATION		ASSESSOR'S PARCEL NO.	
DESCRIPTION OF PROPOSED WORK			
WORK IS VISIBLE FROM FREEWAY/BART <input type="checkbox"/> NO <input type="checkbox"/> YES			
EXTERIOR WORK ON BUILDING <input type="checkbox"/> NO <input type="checkbox"/> YES (PHOTOS REQUIRED. PLEASE ATTACH)			
VALUATION OF PROPOSED WORK \$	# OF STORIES:	Type of building:	Use of Building:
EXISTING # OF RESIDENTIAL UNITS:	FIRE SPRINKLER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SFD/DUPLEX	A- Assembly
PROPOSED # OF UNITS:		<input type="checkbox"/> APARTMENTS	
		<input type="checkbox"/> COMMERCIAL	
		<input type="checkbox"/> INDUSTRIAL	
PROPERTY OWNER'S NAME		PROPERTY OWNER'S PHONE NUMBER	
PROPERTY OWNER'S ADDRESS (street, city and zip code)			
PERSON SUBMITTING PLANS / CONTACT PERSON		PHONE NUMBER	EMAIL
ARCHITECT'S/DESIGNER'S NAME		PHONE NUMBER	EMAIL
CONTRACTOR'S LICENSE NUMBER		SIGNATURE OF APPLICANT	DATE

I ACKNOWLEDGE THAT REFUNDS ARE LIMITED PER Section 107.6 of O.B.C.. _____ INITIAL _____ DATE _____