



City of Carpinteria Building Permit Application

**PLANS REQUIRED: FOUR SETS OF WORKING DRAWINGS & ONE REDUCED PLAN (11x17 or smaller)
ONE ELECTRONIC PDF FILE (USB Drive, Disk or Email – See Staff)**

Date of Application _____

Job Address _____ APN Number _____

Contractor _____ Phone _____

Address _____ Email _____

State Lic.# _____ Expires _____ Required: Carpinteria Bus. License # _____

Architect, Engineer, Draftsperson _____ Phone _____

Address _____ Email _____

State Lic. # _____ Expires _____ Required: Carpinteria Bus. License # _____

Describe work to be done: _____

Estimated Value of Work \$ _____

Type of building Commercial Residential Industrial

Type(s) of work New Structure Remodel Addition Demolition

Construction and Demolition Waste: All new construction and redevelopment projects shall meet the CalGreen mandatory 65% diversion rate

Waste is being hauled by E.J. Harrison and Sons or Marborg Industries

Submitted a waste management plan to Public Works

Stormwater Management Program (New or replaced hard or impervious surface) Not applicable

Tier 1 (≥2,500 sq. ft.) Tier 2 (≥5,000 sq. ft.) Tier 3 (≥15,000 sq. ft.) Tier 4 (≥22,500 sq. ft.)

Are plans included with this submittal? Yes No If yes, please note the following requirements:

An electronic PDF file of the plans is required with submission of this Building Permit

Upon Building Permit issuance, applicant will be required to pay for archival scanning of approved plans

Is the work related to a code or building violation? Yes No Explain: _____

Residences, child-care facilities and pre-schools built before 1978 are at risk of hazards related to lead paint. Contractors may be required to provide RRP Certification for work on such structures. For more information, call the National Lead Information Center at (800) 424-5323.

<p>Applicant _____</p> <p>Address _____</p>	<p>Signature _____</p> <p>Phone _____</p>
<p>Property Owner _____</p> <p><small>REQUIRED</small></p> <p>Address _____</p>	<p>Signature _____</p> <p><small>REQUIRED</small></p> <p>Phone _____</p>

Office Use Only

Plan Check Dep./BP fee \$ _____ Date _____ Receipt # _____ Taken in by _____

Description of deposit: _____

	TYPE	GROUP	DIVISION
New (structure)	_____	_____	_____
Add	_____	_____	_____
Alter	_____	_____	_____
Convert	_____	_____	_____

BUILDING	Issuance Fee	\$ _____
PLUMBING	Issuance Fee	\$ _____
ELECTRICAL	Issuance Fee	\$ _____
MECHANICAL	Issuance Fee	\$ _____
OTHER	Issuance Fee	\$ _____
		TOTAL \$ _____

Permit Issuance Items

Permit/Inspection Account?

YES NO

Account Number _____

PDF of Working Plans Submitted?

YES NO

Final Plans Scanned?

YES NO

Routing Slips?

YES NO

Construction Hours:

SUMMARY OF FEES

Advance Plan Check	(_____)	
Building Permit	_____	
Plan Check	_____	
Plumbing Permit	_____	
Electrical Permit	_____	
Mechanical Permit	_____	
Planning/Staff Fee	_____	
Fire (\$205.00)	_____	
SMIP (based on valuation)	_____	
BSC Fee SB1473 (\$1 per \$25,000 val)	_____	
Subtotal	_____	
Penalty/Code Compliance	_____	
New Construction Tax	_____	
Other Fees / Scanning	_____	
Grand Total	_____	
Receipt _____	Date _____	by _____

Plans checked by

Date
