



# CITY OF DANA POINT

## COMMUNITY DEVELOPMENT, BUILDING AND SAFETY

33282 Golden Lantern, Suite 209

Dana Point, CA 92629

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[www.danapoint.org](http://www.danapoint.org)

A001-AP

PLANNING ACTIVITY / PARENT PERMIT

PERMIT NUMBER

SUBMITTAL DATE

### BUILDING PERMIT APPLICATION

#### DESCRIPTION OF PROJECT

Site Address: \_\_\_\_\_

Business Name (If Commercial): \_\_\_\_\_ Existing Structure Has Fire-Sprinklers YES  NO

Application is for: Single Family  Commercial  Multi-Family  Other: \_\_\_\_\_

New Building \_\_\_\_\_ (SQ FT) Addition \_\_\_\_\_ (SQ FT) Remodel \_\_\_\_\_ (SQ FT) Demolition \_\_\_\_\_ (SQ FT)

Type of Construction \_\_\_\_\_ Occupancy \_\_\_\_\_ Occupant Load \_\_\_\_\_ Project Valuation: \_\_\_\_\_

#### ROOFING PROJECTS ONLY

- Does the re-roof include the tear-off of an existing roof?  YES  NO
- New roof weight: \_\_\_\_\_
- I.C.C. Research number for roof material(s) / skylight(s): \_\_\_\_\_

#### PROJECT QUESTIONNAIRE

- Are any retaining walls, block walls and/or fences proposed?  YES  NO
- Will any of the proposed work occur in the public right-of-way?  YES  NO
- Is there any grading proposed?  YES  NO
- Does the Grading activity disturb less than one (1) acre of soil?  YES  NO
- Is the proposed construction or demolition:   
Residential - 150 sq. ft. or less?  YES  NO   
Non-Residential - 250 sq. ft. or less?  YES  NO

#### COMPLETE DESCRIPTION AND SCOPE-OF-WORK PROPOSED

#### CONTACT INFORMATION

Property Owner's Name:

Address:	City:	State:	Zip:
Email:		Phone:	
Architect / Designer / Tenant (for Certificate-of-Occupancy):			Phone:
Address:	City:	State:	Zip:
Licenses #:	Exp. Date:	E-Mail:	

(Continued on other side)

<b>Engineer:</b>		Phone:	
Address:	City:	State:	Zip:
Licenses #:	Exp. Date:	E-Mail:	
<b>Contractor:</b>		Phone:	
Address:	City:	State:	Zip:
License Number & Class:	Exp. Date:	Workers Comp. Provider:	Workers Comp. Policy #:
			Exp. Date:

**VERIFICATION (BY APPLICANT)**

Initials

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application.

I will ensure that items requiring inspection will not be covered without inspection and approval by the CITY BUILDING INSPECTOR. I also understand that the plan check will EXPIRE if the building or work authorized is not commenced within 180 days from date of permit issuance or if work is suspended or abandoned any time after work is commenced for a period of 180 days.

Print Name: \_\_\_\_\_  Owner  Agent  Other \_\_\_\_\_

Signature : \_\_\_\_\_ Date Signed : \_\_\_\_\_

**CITY USE ONLY**

**PLANNING DIVISION**

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Discretionary Permit Numbers: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
 Zoning: \_\_\_\_\_

- Approved, no additional review required by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Plan Check Submittal Required by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Landscape Plans Required: YES  NO   
 HOA Review Completed: YES  NO  Not Applicable

Comments: \_\_\_\_\_

**ENGINEERING SERVICES**

- Approved, no additional review required by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Plan Check Required by: \_\_\_\_\_ Date: \_\_\_\_\_  
 No Engineering Approvals Required by: \_\_\_\_\_  
 Grading Permit Required YES  NO   Drainage Plan Required YES  NO   
 Soils Report Required YES  NO   S-14 Infiltration YES  NO   
 Encroachment Permit Required YES  NO

Which watershed is the project located in?

*(Reference the Watershed Map available at the front counter.)*

- Dana Point Coastal Streams**  **San Juan Creek**  **San Clemente Coastal Streams**  
SALT CREEK AREA DOHENY BEACH AREA SOUTHERN AREA

What is the project priority?

*(Based on the Urban Runoff Threat Prioritization Form)*

- LOW  MEDIUM  HIGH