

CITY OF SAN GABRIEL 425 S. MISSION DR. SAN GABRIEL, CA 91776 (626) 308-2806 commdevinfo@sgch.org

BUILDING DEPARTMENT PERMIT APPLICATION

Date: Plan Check No.: Plan Check Deposit: \$ PROPERTY IDENTIFICATION Address: APN: LOT/TRACT No.: LOT SIZE: PROPERTY OWNER INFORMATION Phone No.: Name: Address: City/State/Zip: CONTRACTOR INFORMATION CA State Lic. No.: City Business Lic. No .: Exp. Date: Name: Phones No.: Address: City/State/Zip: APPLICANT / CONTACT INFORMATION Name: Phone No.: Email: ARCHITECT/DESIGNER INFORMATION Name: Phone No: Email: PROJECT DESCRIPTION Type: ☐ Commercial ☐ Residential Other: Alteration Class of Work: ☐ New ☐ Addition ☐ Demo / Construction Preparation Use of Building: Valuation: \$ Fire Sprinkler: No Yes Building SF: Shade Structure SF: Garage / Storage SF: Masonry Walls / Fencing (Height X Linear Feet): Scope of Work: Applicant Signature: _ Date: _____ Other ☐ Owner Contractor ☐ Agent

ELECTRICAL OUTLETS () LIGHTS () SWITCHES (FIXED APPLIANCES UNDER 1 hp. / OVEN / DISP. / F.A.U. / A.C. UNIT/ D.W / W.M. / DRYER / W.H./ MOTORS / TRANSFORMERS / LARGE APPLIANCES SIZE OR TYPE: Hp. / KVA'S 0-1() 1-10() 10-50() 50-100() 100+()SERVICES / SWITCHGEARS / PANELBOARDS 0 – 200 AMP'S () 201 – 1000 AMP'S () 100 + () TEMPORARY POER () **PLUMBING** WATER CLOSETS (TOILET) URINALS BATH TUBS () SHOWERS (FLOOR SINK / DRAIN LAVATORY (WASH BASIN) KITCHEN SINK & DISPOSAL WATER RE-PIPING WATER HEATER / GALLONS () TANKLESS BTU'S (**GAS PIPING** SEWER / SEWER CAP / SEWER REPAIR BACKFLOW DEVICE / VACUUM BREAKER GREASE TRAP / INTERCEPTOR RAIN WATER SYSTEM WATER MAIN **MECHANICAL** FORCED AIR SYSTEM – BTU'S (AIR CONDITIONING UNIT Tons (SUPPLIES () RETURNS (HEATERS – FLOORS / WALL UNIT COMMERCIAL HOODS / RESIDENTIAL HOOD **VENTILATION FANS EVAPORATE COOLERS**