



PERMIT APPLICATION

Building and Safety Division
110 E. La Habra Blvd, La Habra, CA 90631
Email: buildingpermits@lahabracaca.gov

Date: _____ Job Address: _____ Gate Code _____

Plan Check/Permit # _____ APN: _____ Business Lic. _____

Type of Work					
<input type="checkbox"/> Bldg. – New	<input type="checkbox"/> Bldg. – Addition	<input type="checkbox"/> Bldg. – Alter/Repair	<input type="checkbox"/> Bldg. – Demolition	<input type="checkbox"/> Grading	
<input type="checkbox"/> Re-roof	<input type="checkbox"/> Wall	<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Other	
Square Feet	Occupancy Group	Construction Type	Bldg. Use	No. of Stories	No. of Units

JOB VALUATION

(Cost of labor and material): \$ _____

I, the applicant, understand that it is my responsibility to notify the property owner/tenant that this plan check is good for 180 days from time of first submittal.

JOB DESCRIPTION

(List complete scope of work that needs review for permit):

Applicant Signature _____ Date _____

Applicant's Information:

Name	Number & Street Name	City, State, Zip Code	Phone #
E-Mail Address:			
<input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Developer <input type="checkbox"/> Architect <input type="checkbox"/> Engineer			

Property Owner's Information:

Name	Number & Street Name	City, State, Zip Code	Phone #
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Contractor's Information:

Business Name	Number and Street Name	City, State, Zip Code	Phone #
License Class	License #	Expiration Date	
Worker's Compensation Carrier	Policy #	Expiration Date	

The property owner will be responsible for providing smoke detectors in all bedrooms and smoke and/or carbon monoxide combination detectors in all hallways leading to the bedrooms on all levels of residential units containing fuel burning devices or having attached garages when a permit is obtained for alterations, repairs, or additions. The inspector will verify this installation for all work that requires the inspector to have access to the interior of the dwelling to perform required inspections.

I, as owner of the property understand that it is my responsibility to assure that I comply with the requirements as stated above.

I, as the contractor or agent for the contractor understand that it is my responsibility to inform the owner of the property that it is their responsibility to comply with the requirements as stated above.

Owner or Authorized Agent Signature

Date

