



PERMIT APPLICATION WORKSHEET

Planning and Building Department
 250 Frank H. Ogawa Plaza
 2nd Floor, Suite 2114
 Oakland, CA 94612
 Tel (510) 238-3443
 Fax (510) 238-2263
 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.

SCHOOL FEE (SF) Commercial \$0.56 Residential \$3.48
ADDRESS FEE Commercial \$154.91 Residential \$56.23 Change of Address for Any Occupancy \$403.92

TYPE OF PERMIT: (circle one)		
BUILDING	DEMOLITION (_____ SF)	SOLAR SIGN CERTIFICATE OF OCCUPANCY
IS THIS APPLICATION RELATED TO ANY OTHER PERMIT OR COMPLAINT?		IF YES, INDICATE PERMIT #, PLANNING CASE FILE # OR COMPLAINT #:
<input type="radio"/> YES <input type="radio"/> NO		
SITE ADDRESS/JOB LOCATION		ASSESSOR'S PARCEL NO.
DESCRIPTION OF PROPOSED WORK		
VALUATION OF PROPOSED WORK \$	EXISTING # OF RESIDENTIAL UNITS _____	# OF STORIES:
	NUMBER OF UNITS TO BE ADDED _____	OCCUPANCY:
		TYPE OF CONSTRUCTION:
		OCCUPANT LOAD:
		EXISTING FIRE SPRINKLERS: <input type="radio"/> YES <input type="radio"/> NO
PROPERTY OWNER'S NAME		PROPERTY OWNER'S PHONE NUMBER
PROPERTY OWNER'S ADDRESS (street, city and zip code)		
PERSON SUBMITTING APPLICATION		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 _____
 Last updated 11-28-18