



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.

TYPE OF PERMIT: (circle one)		SCHOOL FEE (SF)		ADDRESS FEE
BUILDING	SIGN	Commercial	\$0.56	\$154.91
		Residential	\$3.48	\$56.23
		Change of Address for Any Occupancy		\$403.92
TYPE OF WORK (circle one)				
(1) NEW CONSTRUCTION	(2) REPAIR	(3) ADDITION	(4) CELL SITE	(5) ALTERATION /T.I.
(6) DEMOLITION (_____ SF)	(7) SOLAR PANELS (SE)	(8) RETROFIT	(9) C.O. /S.A.	(10) CHANGE IN USE
IS THIS APPLICATION RELATED TO ANY OTHER PERMIT? TO ANY OTHER 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				
WORK IS VISIBLE FROM FREEWAY/BART <input type="radio"/> NO <input type="radio"/> YES				
EXTERIOR WORK ON BUILDING <input type="radio"/> NO <input type="radio"/> YES (PHOTOS REQUIRED. PLEASE ATTACH)				
VALUATION OF PROPOSED WORK \$	EXISTING # OF RESIDENTIAL UNITS	# OF STORIES:	<input type="radio"/> SFD/DUPLEX <input type="radio"/> APARTMENTS <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL	
	PROPOSED # OF UNITS	FIRE SPRINKLER <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 PLANS / CONTACT PERSON		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 _____