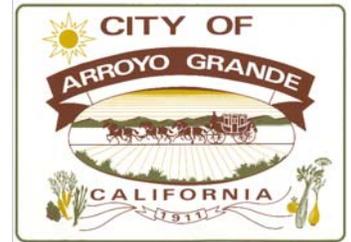


City of Arroyo Grande

Community Development Department

Division of Building and Life Safety

300 E. Branch St. Arroyo Grande, CA 93420 ♦ (805) 473-5450 ♦ FAX (805) 473-5458



Permit Application

Project Address (required)	Contractor / Engineer / Architect / Other-Specify: circle which	
	Address:	
Name of Owner / Tenant: circle which	City / State:	Zip:
City / State: Zip:	Area Code / Telephone:	
Area Code / Telephone:	Contractor's License #:	Class Code:

Complete Description of Work: _____

Valuation (Contract Price) \$ _____

<u>Building</u>	<u>Electrical</u>	<u>Mechanical</u>	<u>Plumbing</u>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial Use _____ Sq. Ft. _____ Use _____ Sq. Ft. _____ # of Stories _____ Type (s) of Construction _____ Occupancy Use(s) _____ Tenant Improvement _____ Sq. Ft. Room Addition _____ Sq. Ft. Patio Cover / Porch _____ Sq. Ft. Balcony / Deck _____ Sq. Ft. Pool _____ Sq. Ft. Spa _____ Garage Conversion _____ Sq. Ft. Block Wall _____ LF Retaining Wall _____ LF Re-Roof # of Sq. _____ Material _____ Tear-Off (Yes / No) _____	New service (amps) _____ Sub panels: (#) _____ amps _____ (#) _____ amps _____ (#) _____ amps _____ New Res. (sq. ft.) _____ New Garage (sq. ft.) _____ # of Outlets, Switches _____ # of Fixtures _____ Motor, Transformer, Generator # _____ HP _____ # _____ HP _____ # of Electrical SIGNS _____ Temp. Power Pole (# of sub poles) _____ Other electrical _____ <p style="text-align: center;">Grading</p> <input type="checkbox"/> Rough Cut _____ Fill _____ <input type="checkbox"/> Precise _____	FAU Up to 100,000 Btu _____ Over 100,00 Btu _____ Boilers / Compressor Max. 3 HP / 100,00 Btu _____ Max 15 HP / 500,000 Btu _____ Air Handler Up to 10,000 cfm _____ Over 10,000 cfm _____ Floor / Wall / Susp. Heater _____ Spray Booth / Exhaust Hood _____ Ventilation (Bath) Fan _____ Ductwork _____ Other mechanical _____ <p style="text-align: center;">Signs</p> <input type="checkbox"/> Wall (illuminated) <input type="checkbox"/> Monument Sign <input type="checkbox"/> Channel Letters	Quantity Water Closets _____ Lavatories _____ Bathtubs/Showers _____ Floor Drains _____ Kitchen Sinks _____ Laundry Trays _____ Clothes Washers _____ Water Heater _____ # of Gas Outlets _____ Sewer Connections _____ Private Sewage System _____ On Site Sewer / Water _____ Other plumbing _____ <p style="text-align: center;"><i>Demolition</i></p> # of Structures _____ Sewer capoff _____