



City of Bakersfield
Community Dev.
Building Division
 1715 Chester Avenue
 Bakersfield, CA 93301
 (661) 326-3720

Application for Building Permit

Ref No

F1000

Attention: Separate permit and application is required for each structure, tenant space or work performed. Permit shall include all structural, mechanical, plumbing and electrical work performed. Prior to acceptance of an Application for Building Permit, all building structures, including interior and exterior alterations, exterior signs and site modifications shall obtain City Planning Review, (lot with one single-family residence is exempt).

Please Print Legibly or Type

Project Address:	Tenant Suite / Bldg No:	Planning Site Plan Review No:	
Business Name:	Assessors Parcel Number:	PM / Tract / Phase	Lot:

Required Information when a Registered Professional has prepared any documents for this project

Architect's / Engineer's Name: (Registered Professional in Responsible Charge)		License No:	Exp Date
Firm's Name:		Phone: ()	
Address:		Fax: ()	
City:	State:	Zip:	E-Mail:

Required Information Property Owner's information is always required for all Permit Applications

Property Owner's Name:	Number & Street Name:	City, State & Zip:	Phone: ()
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Owner- Builder? Yes No, then Contractor's Information is required *prior to issuance of a Building Permit*

Required Information of Contractor when there is no Registered Professional or Owner-Builder

Contractor's Name:	Number & Street Name:	City, State & Zip:	Phone: ()
Firm's Name:	License No:	Class:	Exp Date:
E-mail:			Fax: ()

Required Information Description of Scope of Work to be Performed

Briefly describe the scope of work: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Grading <input type="checkbox"/> Other specify:	
<input type="checkbox"/> Gate Code	
Misc. Permit Types	<input type="checkbox"/> Grading / Drainage <input type="checkbox"/> Site Utilities / Alterations <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Fence <input type="checkbox"/> Sign -Wall -Pole-Temporary <input type="checkbox"/> Electrical Service <input type="checkbox"/> Gas Meter / Test <input type="checkbox"/> Mechanical Only <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Electrical Only <input type="checkbox"/> WH Change-out <input type="checkbox"/> AC Change-out <input type="checkbox"/> Tank <input type="checkbox"/> Tower <input type="checkbox"/> Antenna <input type="checkbox"/> Re-Roof <input type="checkbox"/> Solar Panels <input type="checkbox"/> Pool/Spa Res/Com <input type="checkbox"/> Storage Racks <input type="checkbox"/> Cargo Container <input type="checkbox"/> Fireworks Booth <input type="checkbox"/> Christmas Tree Lot <input type="checkbox"/> Other Specify:

Applicant Required to Complete and Sign

<u>The following individual has authority to apply for a permit and the information provided is true and correct.</u>			
Applicant is, Check box that applies			
<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Agent for Architect / Engineer	<input type="checkbox"/> Owner-Builder
<input type="checkbox"/> Contractor	<input type="checkbox"/> Agent for Contractor	<input type="checkbox"/> Developer	<input type="checkbox"/> Other (Specify):
Applicant Signature Required:	Applicant's Name (Print):	Phone: ()	Date:
Total Valuation	\$	TOTAL Square Feet	Sq Ft

(Applicant to Complete Reverse Side)

"For City Use Only"

Received By (Initials):	Date:	Permit No:
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Required Information to describe Work to be performed of any Proposed or Existing Building Structure

Check boxes that apply <u>and</u> indicate number of Square Feet			
New	Sq Feet	Alteration	Sq Feet
<input type="checkbox"/> New Bldg	sq ft	<input type="checkbox"/> Tenant Improvement / Remodel	sq ft
<input type="checkbox"/> Addition	sq ft	<input type="checkbox"/> Alteration Specify : _____	sq ft
Other	<input type="checkbox"/> Change of Use From: _____ To: _____		sq ft
<input type="checkbox"/> Demolition	<input type="checkbox"/> Moved Bldg	<input type="checkbox"/> Repair Specify Type of Damage: _____	sq ft
<input type="checkbox"/> Pre-Manufacture Home / Office / School / Assembly / Retail	<input type="checkbox"/> Temporary Construction Trailer		sq ft
<input type="checkbox"/> Other specify: _____	TOTAL Sq Feet		Sq Ft

Required Information to describe Construction for a Permit for any Proposed or Existing Building Structure

Construction (<i>exterior walls / structure</i>)	<input type="checkbox"/> Concrete (I) <input type="checkbox"/> Metal (II) <input type="checkbox"/> Masonry (III) <input type="checkbox"/> H Timber (IV) <input type="checkbox"/> Wood (V)
Rated Construction	<input type="checkbox"/> Fire Rated Throughout (A) <input type="checkbox"/> Non-Rated (B)
Fire Sprinkler / Conditioned Space	<input type="checkbox"/> Fire Sprinklered <input type="checkbox"/> Conditioned Space (sq feet): _____

Required Information to describe Use for a Permit of any Proposed or Existing Building Structure

Use	Check boxes that apply <u>and</u> indicate number of Square Feet	Sq Feet
Assembly	<input type="checkbox"/> Theater (A-1) <input type="checkbox"/> Restaurant (A-2) <input type="checkbox"/> Church / Recreation (A-3) <input type="checkbox"/> Spectator (A-4 or A-5)	sq ft
Business	<input type="checkbox"/> General Office (B) <input type="checkbox"/> Medical Office (B) <input type="checkbox"/> Office Shell (B)	sq ft
Education	<input type="checkbox"/> School / Classroom (E) <input type="checkbox"/> Day-Care (E) <i>age>2 1/2</i>	sq ft
Factory	<input type="checkbox"/> Mod Haz (F-1) <input type="checkbox"/> Low-Haz (F-2) (Specify specific use per 306.3): _____	sq ft
Hazardous	<input type="checkbox"/> High Hazard (H)	sq ft
Institutional	<input type="checkbox"/> Ass'd Living (I-1) <input type="checkbox"/> Nursing Home / OSHPD (I-2) <input type="checkbox"/> Detention (I-3) <input type="checkbox"/> Day Care (I-4) <i>age<2 1/2</i>	sq ft
Mercantile	<input type="checkbox"/> Retail (M) <input type="checkbox"/> Retail Shell (M)	sq ft
Residential	<input type="checkbox"/> Hotel (R-1) <input type="checkbox"/> Multi-Family (R-2) <input type="checkbox"/> One / Two Family (R-3) <input type="checkbox"/> Res Care (R-4) <i>ambulatory</i>	sq ft
Storage	<input type="checkbox"/> Mod Haz (S-1) <input type="checkbox"/> Mini-Storage (S-1) <input type="checkbox"/> Low Haz (S-2) (Specific Use per 311.3) _____	sq ft
Utility	<input type="checkbox"/> Private Garage / Storage / Equip <input type="checkbox"/> Carport	sq ft
Utility	<input type="checkbox"/> Patio <input type="checkbox"/> Canopy / Awning <input type="checkbox"/> Deck <input type="checkbox"/> Fascia	sq ft
TOTAL Square Feet		Sq Ft

Required Information for a Grading Permit and Grading Pre-Inspection

Applicant is Required to Complete All the Following for an Application of a Grading Permit	
Specify the Acreage of Site Disturbance : _____ Acres (Net)	Total Site Acreage _____ Acres (Gross)
Specify the Quantities of:	Cut _____ Cubic yards
Stockpile _____ Cubic yards	Export _____ Cubic yards
Specify location of site for Export / Import: _____	Fill _____ Cubic yards
Specify the maximum duration of Stockpile: _____ Months	Import _____ Cubic yards
Specify the maximum duration of Stockpile: _____ Months	and location: _____
Specify one of the following (check box that applies):	
<input type="checkbox"/> The site is accessible by the City Department inspector at all times.	
<input type="checkbox"/> The site is not accessible by the City Department inspector at all times (i.e. loose dogs, locked gates, impassable terrain, etc.).	
If site is not accessible, please provide the following:	
The name and phone number of the contact person for grading inspector to call to obtain access to the property.	
Name: _____	Phone: _____
Cell: _____	
PLEASE NOTE: That a \$55.00 re-inspection fee will be charged if the inspector cannot access the site on the first visit and delays in the plan review may result.	
Specify if any portion of the site is within the Hillside Ordinance boundaries: <input type="checkbox"/> No <input type="checkbox"/> Yes (Req'd Show on Plans)	

Document Checklist (Informational Only)

Required to submit Complete sets of plans with All sheets in set of plans Uniform in Size and minimum 24" x 30" drawn to scale	
<input type="checkbox"/> Architectural Plans consist of:	<input type="checkbox"/> Site Plan <input type="checkbox"/> Floor Plan <input type="checkbox"/> Egress Plan <input type="checkbox"/> Disable Access <input type="checkbox"/> Ceiling Plan <input type="checkbox"/> Details
	<input type="checkbox"/> Roof Plan <input type="checkbox"/> Exterior Elevations <input type="checkbox"/> Sections <input type="checkbox"/> Schedules <input type="checkbox"/> Landscape Plan
<input type="checkbox"/> Structural Plans consist of:	<input type="checkbox"/> Foundation Plan <input type="checkbox"/> Roof & Floor Framing Plans <input type="checkbox"/> Sections <input type="checkbox"/> Details <input type="checkbox"/> Grid Lines
<input type="checkbox"/> Utility Plans consist of:	<input type="checkbox"/> Mechanical Plans <input type="checkbox"/> Plumbing Plans <input type="checkbox"/> Electrical Plans <input type="checkbox"/> Site Utility Plan
<input type="checkbox"/> Documents consist of:	<input type="checkbox"/> Structural Calcs <input type="checkbox"/> Special Testing & Inspection <input type="checkbox"/> Energy Calcs <input type="checkbox"/> Energy T-24 Plan
<input type="checkbox"/> Grading Docs consist of:	<input type="checkbox"/> Grading Plans <input type="checkbox"/> Hydro Calcs <input type="checkbox"/> Soil/Geo Report <input type="checkbox"/> Hillside Info <input type="checkbox"/> Bio Study/HCP <input type="checkbox"/> SWPPP