



City of Seaside

RESIDENTIAL BUILDING PERMIT APPLICATION

440 Harcourt Avenue – Seaside, California 93955
(831) 899-6825 ~ building@ci.seaside.ca.us

Applications may be obtained online at:
<https://www.ci.seaside.ca.us/252/Building-Applications-Forms>

1. Job Site Information & Location

Address: _____

2. Contact person (building permit correspondence)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

3. Applicant (person submitting plans, if different than above)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

4. Property Owner:

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

OWNER / BUILDER

5. Contractor (person / company performing the work)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Contractor's License #: _____

6. Design Professional (Architect / Engineer / Draftsperson)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ License #: _____

(If applicable)

7. Detailed description of work to be done:

Office Use Only
Permit #:
Date Received:

TYPE OF WORK (Check all that apply)	
<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> Mechanical / HVAC
<input type="checkbox"/> Addition	<input type="checkbox"/> Photovoltaic / Solar
<input type="checkbox"/> Alteration / Remodel	<input type="checkbox"/> Plumbing / Water H
<input type="checkbox"/> Demolition	<input type="checkbox"/> Repair
<input type="checkbox"/> Electrical	<input type="checkbox"/> Reroof - Squ: _____
<input type="checkbox"/> Fence	<input type="checkbox"/> New Single -Family
<input type="checkbox"/> Grading – (Cu. yds.) Cut: _____ Fill: _____	

Indicate the value of the work to be performed under this permit (rounded to the nearest dollar) including all equipment, materials, labor, overhead and profit.

Valuation: \$ _____

PROPOSED / ADDED SQUARE FOOTAGE
Complete area below for new construction, or when square footage is being added to an existing dwelling.
<input type="checkbox"/> Dwelling / Bldg SQ FT:
<input type="checkbox"/> Garage / <input type="checkbox"/> Carport SQ FT:
<input type="checkbox"/> Patio / <input type="checkbox"/> Porch SQ FT:
Existing (minus addition) SQ FT:
Will structure be equipped with fire sprinklers prior to final inspection? NO <input type="checkbox"/> YES <input type="checkbox"/>
Will any proposed work take place within and/or adjacent to the public way? NO <input type="checkbox"/> YES <input type="checkbox"/>

NOTICE

EXPIRATION OF APPLICATION: This application will expire if a permit is not obtained within 180 days after it has received an approval to proceed.

CERTIFICATION

I hereby certify that I have authority to make the foregoing application, the information contained herein is correct and that the proposed work will comply with all applicable codes and regulations adopted by the City of Seaside.

X

PERMIT TECHNICIAN:	REQUIRED FOR PLAN REVIEW
	1. Four copies of drawings drawn to scale with all applicable sheets consisting of all or a combination of the following: site plan, floor plan, electrical, mechanical, plumbing, structural, details, etc.
	2. Two copies of supporting documents such as: following: calculations, truss drawings, energy compliance documents.
	3. One copy of the drawings to: FIRE PLANNING ENGINEERING