



# City of Seaside

## COMMERCIAL BUILDING PERMIT APPLICATION

440 Harcourt Avenue – Seaside, California 93955  
(831) 899-6825 ~ [building@ci.seaside.ca.us](mailto: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: \_\_\_\_\_

### 5. Contractor (person / company performing the work)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_

### 6. Business Name:

Business Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### 7. Design Professional (Architect / Engineer)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ License #: \_\_\_\_\_

### 8. Description of work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only
Permit #:
Date Received:

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family
TYPE OF WORK	
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> New
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair / Reroof
<input type="checkbox"/> Alteration	<input type="checkbox"/> Sign
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Tenant Improvement
REQUIRED DATA	
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: \$ _____	
Type of Construction:	
Occupancy Group:	
(If more than one):	
Existing Area, Sq. ft:	
T.I. – Affected Area, Sq. ft:	
Will structure be equipped with fire sprinklers prior to final occupancy? 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"/>	
<input type="checkbox"/> EXPEDITED PLAN REVIEW REQUEST	
Expedited plan reviews are performed on overtime; subject to availability and an additional fee.	
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>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.</i>	
Signature of Applicant	

<b>PERMIT TECHNICIAN:</b>	
REQUIRED FOR PLAN REVIEW	
1. <b>Four copies</b> 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. <b>Two copies</b> of supporting documents such as: following: calculations, truss drawings, energy compliance documents.	
3. One copy of the drawings to:	
FIRE	PLANNING
	ENGINEERING