



**CATHEDRAL CITY BUILDING DIVISION  
APPLICATION FOR COMMERCIAL PERMIT**

**FILL OUT COMPLETELY – BLANK SPACES WILL DELAY PLAN CHECK**

Date:	Plan Check No.:	Plan Check Deposit: \$	
<b>PROPERTY IDENTIFICATION</b>			
Location (Number/Street):			
Lot:	Tract:	Zone Code:	
Lot Size:	APN:	Total Sq. Ft.:	
<b>PROPERTY OWNER INFORMATION</b>			
Name:		Phone No.: (    )	
Address:			
City:		State:	Zip:
<b>APPLICANT INFORMATION</b>			
Name:		Phone No.: (    )	
Address:			
City:		State:	Zip:
<b>CONTRACTOR INFORMATION</b>			
Name:		Phone No.: (    )	
Address:			
City:		State:	Zip:
California Contractor's License No.:		City Business License No.:	
<b>LENDER INFORMATION</b>			
Name:		Phone No.: (    )	
Address:			
City:		State:	Zip:
<b>PROJECT DESCRIPTION</b>			
Class of Work:    New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demo <input type="checkbox"/> Other <input type="checkbox"/>			
Use of Building:		Construction Valuation: \$	
Total Sq. Ft. Bldg.:	Ln. Ftg. Masonry Wall:	Fire Sprinkler: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of Work:			
<b>PUBLIC ART OR IN LIEU PAYMENT</b>			
*All new commercial/industrial use projects over 15,000 sq. ft. gross floor area; or remodeling, repair or reconstruction of existing commercial/industrial projects with a permit value that exceeds \$100,000 in changes to the building shall:			
<b>(Please select one):</b> (    ) Provide Art            (    ) Pay "In Lieu" Fee			
<b>REQUIRED SET OF PLANS</b>			
<input type="checkbox"/> Plot Plans:	4 Sets	<input type="checkbox"/> Floor Plan:	3 Sets
<input type="checkbox"/> Framing Plans:	3 Sets	<input type="checkbox"/> Elevations:	2 Sets
<input type="checkbox"/> Plumbing/Electrical Mechanical Detail:	2 Sets	<input type="checkbox"/> Structural/Energy & Truss Calcs:	2 Sets
<input type="checkbox"/> Grading Plans:	3 Sets	<input type="checkbox"/> Landscape Plan & Photometric Details:	3 Sets
<b>WARNING TO OWNER/BUILDERS</b>			
<b>IF YOU USE UNLICENSED CONTRACTORS YOU WILL:</b>			
1. ASSUME all liability for injuries to persons working on the job:			
2. HAVE NO RECOURSE through the California Department of Consumer Affairs (State Contractor's License Board).			
Applicant's Signature:			Date: