



CONSTRUCTION PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING DIVISION
8130 Allison Avenue, La Mesa, CA 91942
Phone: (619) 667-1176 • Fax: (619) 667-1380

DATE OF APPLICATION: _____ PERMIT APPLICATION NUMBER: _____

PROJECT STREET ADDRESS: _____

SUITE OR UNIT NUMBER: _____ ASSESSOR'S PARCEL NUMBER: _____ - _____ - _____

TYPE OF PROJECT:

- Tenant Improvement or Alteration
- Sign
- Grading

- New Commercial
- Residential Addition or Alteration
- Retaining Wall
- Minor Grading

- New Residential
- Fire Prevention
- Photovoltaic
- Other

Description of Proposed Work: _____

_____ Area: _____ sf

PLUMBING PERMIT: Water Heater Residential Commercial Other: _____

MECHANICAL PERMIT: FAU A/C Residential Commercial Other: _____

ELECTRICAL PERMIT: Residential Commercial Service Upgrade Added Amps: _____ A Total Amps: _____ A

FIRE PERMIT: Fire Alarm Fire Sprinkler Hood / Duct Standpipe Other: _____

• Applicant Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

• Phone: _____

Fax: _____

Email: _____

• Owner Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

• Phone: _____

Fax: _____

Email: _____

• Design Professional Information (if applicable) :

Name: _____

Business Name: _____

Address: _____

City: _____ State _____ Zip _____

Architect or Engineer: License _____

• Phone: _____

Fax: _____

Email: _____

• Contractor Information:

Name: _____

State License Class and No: _____

City Business License No: _____

Address: _____

City: _____ State _____ Zip _____

• Phone: _____

Fax: _____

Email: _____

NOTE: STATE LAW REQUIRES THAT THE CONTRACTOR MAINTAIN ADEQUATE WORKERS COMPENSATION INSURANCE COVERAGE, WHEN REQUIRED. A BUILDING PERMIT CANNOT BE ISSUED UNTIL SUCH REQUIRED INSURANCE IS VERIFIED. OWNER/BUILDERS MUST COMPLETE AN OWNER-BUILDER VERIFICATION FORM.

• Applicant's Signature: _____ • Date: _____