



BUILDING PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING DIVISION

8130 Allison Avenue, La Mesa, CA 91942

Email: BuildingPermitApps@cityoflamesa.us • Phone: 619.667.1176

Date of Application: _____ Permit Application Number: _____

Project Street Address: _____

Suite or Unit Number: _____ Assessor's Parcel Number: _____

Type of Project and number of sets:

- | | | |
|---|---|--|
| <input type="checkbox"/> New Commercial (4 sets) | <input type="checkbox"/> New Residential (4 sets) | <input type="checkbox"/> Grading (Contact City) |
| <input type="checkbox"/> Tenant Improvement/Alteration (4 sets) | <input type="checkbox"/> Residential Addition/Alteration (3 sets) | <input type="checkbox"/> Retaining Wall (3 sets) |
| <input type="checkbox"/> Signs (3 sets) | <input type="checkbox"/> Pool/Spa (3 sets) | <input type="checkbox"/> Fire Sprinkler (3 sets) |
| | <input type="checkbox"/> Photovoltaic (3 sets) | <input type="checkbox"/> Fire Alarm (3 sets) |

Description of Proposed Work: _____

Area Calculation: New/Added: _____sf Altered: _____ sf Demolished: _____ 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: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip _____ Email: _____

Owner Information:

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip _____ Email: _____

Design Professional Information (if applicable):

Name: _____ Architect _____ Engineer _____ License _____

Business Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip _____ Email: _____

Contractor Information:

Name: _____ Phone: _____

State License Class and Number: _____ Fax: _____

City Business License Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip _____

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. THIS APPLICATION IS A PUBLIC RECORD.

Applicant's Signature _____ Date _____