



150 S Palm Ave
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**I UNDERSTAND THAT AN INCOMPLETE
 PLAN CHECK SUBMITTAL MAY RESULT IN
 DELAY OF PROJECT**

Building Permit Application

FOR OFFICE USE ONLY	Plan Check Fees Paid		Permit#
	YES	NO	
Owner Authorization?	YES	NO	NOTES
Routed to: <input type="checkbox"/> Consultant <input type="checkbox"/> In-House <input type="checkbox"/> Planning <input type="checkbox"/> Fire <input type="checkbox"/> Eng/PW <input type="checkbox"/> Utilities			

Please Print Clearly

PROPERTY IDENTIFICATION

Address:		PPD No.:
APN:	LOT/TRACT No.:	Lot Size:

PROJECT DESCRIPTION

Type:	Commercial	Residential	Other:
Class of Work (circle):	New	Addition	Alteration
	Mechanical	Electrical	Plumbing
			Tenant Improvement
Use of Building:	Valuation: \$		Fire Sprinkler: Yes / No
Building SF:	Shade Structure SF:	Garage / Storage SF:	
Masonry Walls / Fencing (Height X Linear Feet):			
Scope of Work:			

PROPERTY OWNER INFORMATION

Name:	Phone:
Address:	City/State/Zip:

CONTRACTOR INFORMATION

CA State Lic. No.:	City Business Lic. No.:	Exp. Date:
Name:	Business:	Phone:
Address:	City/State/Zip:	Email:

ARCHITECT/DESIGNER INFORMATION

Name:	Business:	Phone:
Address:	City/State/Zip:	Email:

APPLICANT CONTACT INFORMATION

Name:	Business:	Phone:
Address:	City/State/Zip:	Email:
I Represent: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	Authorized Agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Signature: _____ Date: _____
 Please Circle: [Owner] [Contractor] [Agent] [Other]

ELECTRICAL (Include Rough-Ins)	
#	Type
	Light Standards
	EV Chargers
	Electrical Outlets GFCI/AFCI 1-20 _____ >20 _____
	Electrical Switches
	Lighting Fixtures / Ceiling Fans
	Electrical Service Panels 100 Amps ___ 200 Amps ___ 400 Amps ___ 600 Amps ___ Other _____
	Meter Rest Residential _____ Commercial _____
	Jbox
	Motors < 10 HP _____ Motors 10-50 HP _____ Motors > 50 HP _____
	Misc:
PLUMBING	
#	Type
	Bar Sink
	Bathtub or Combo Bath/Shower
	Clothes Washer
	Dishwasher
	Hose Bibb
	Kitchen Sink
	Laundry Sink
	Lavatory (Bathroom sink)
	Drinking Fountain
	Backflow < 2" _____ > 2" _____
	Water Closet (toilet)
	Water Heater Gal. _____ Same Location? Yes / No
	Drains & Traps (other than above items)
	Gas Outlets
	Grease Interceptor
	Other Fixtures – List:
	Misc:
MECHANICAL (Include Rough-Ins)	
#	Type
	Clothes Dryer
	Furnace < 100K BTU
	Furnace >100K BTU
	Appliance Vent
	Kitchen Hood
	Fireplace
	Evaporation Cooler
	0 to 5 ton _____ 5 to 10 ton _____ 10 to 50 ton _____ 50 ton and up _____
	Boiler HP A/C Compressor
	Air Handler (CFM)
	Ventilation Fans
	Misc. Units
	Exhaust Fans
	Misc: