



COUNTY OF SAN MATEO PLANNING AND BUILDING

County Government Center
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BUILDING PERMIT APPLICATION

Application Date: _____ Case Number: BLD _____
PLN _____
Project Address: _____ City: _____ Zip: _____

Assessor's Parcel Number: _____ **APPLICANT:** Owner Architect/Designer Engineer Contractor

OWNER: Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____	ARCHITECT/DESIGNER: Name: _____ Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ CA License #: _____ Email: _____
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ENGINEER: Name: _____ Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ CA License #: _____ Email: _____	CONTRACTOR: Name: _____ Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ CSLB Class/#: _____ Email: _____
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PROJECT INFO: Type: One/Two Family Residential Multi-Unit Residential Commercial/Industrial Mixed-Use Conversion Other: _____
Permit For: Building Electrical Mechanical Plumbing Re-Roof Solar PV Other: _____ Valuation: \$ _____
Description of Work: _____

	Floor Area	Habitable (sq. ft.)	Non-Habitable (sq. ft.)
Existing Use: _____			
Proposed Use: _____	New:		
Occupancy Group(s): _____ # of Units: _____	Existing:		
Type of Construction: _____ # of Stories: _____	Remodel:		

Signature of Applicant/Owner: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

FIRE SAFETY: Building Safety Score: _____ Fire Sprinklers Required: Y N Fire Sprinklers Exempted By: _____

PLANNING REVIEW: Zoning: _____ Design Review Area: Y N
For Plan Check Only: _____ Date: _____ Planning Notes: _____
For Permit Issuance: _____ Date: _____
Fees Required: _____
Planning Permit Required: _____
Grading Permit Required: _____