

# CITY OF OCEANSIDE BUILDING PERMIT APPLICATION

<b>STOP WORK ISSUED DATE:</b>
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<b>PERMIT #</b>
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<b>CODE ENFORCEMENT #</b>
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JOB ADDRESS		APPLICANT		EMAIL		PHONE	
SUITE # / UNIT # / LOT #		ADDRESS			AGENT/ OWNER BUILDER		CELL PHONE
APN		CONTRACTOR		EMAIL		PHONE	
OWNER NAME		ADDRESS					LIC #
MAILING ADDRESS		PHONE	ARCHITECT/DESIGNER/ENGINEER		EMAIL		PHONE
CITY	STATE	ZIP CODE	ADDRESS				LIC #

DESCRIPTION OF WORK ( COMPLETE)							

SPRINKLERS (Y/N)	OCCUPANCY ( A, M, R3 )	CONST. TYPE ( I, IV, V )	BLDG AREA	UNITS	GARAGE AREA	FLOORS
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<b>MECHANICAL ELECTRICAL AND PLUMBING PERMITS ONLY</b>								
PLUMBING PERMITS	H2O HEAT	REPIPE	GAS LINE	DWV	BACKFLOW	FIXTURES	GREASE	OTHER
ELECTRICAL PERMITS	SERVICE (AMPS)		REWIRE (CIRCUITS)		T-POLE	PEDESTAL	OTHER	
MECHANICAL PERMITS	FAU / AC	DUCTS	VENT FANS (CFM)		BOILER	OTHER		

I certify that I have read this application and state that the information hereon is correct. I agree to comply with all City, County and State laws related to building construction, and hereby authorize representatives of the City of Oceanside to enter upon the above referenced property for inspection purposes.	APPLICANT SIGNATURE		DATE
	APPLICANT PRINTED NAME		

PLAN REVIEW COMMENTS AND NOTIFICATIONS RELATED TO PERMIT ISSUANCE WILL BE SENT TO THE APPLICANT VIA EMAIL UNLESS ANOTHER PARTY IS IDENTIFIED.

<b>WHEN PLANS REQUIRE CORRECTIONS OR ARE READY TO ISSUE NOTIFY:</b>	<table style="width: 100%;"> <tr> <td style="width: 50%;">NAME</td> <td style="width: 50%;">PHONE</td> </tr> </table>	NAME	PHONE
NAME	PHONE		

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