

**CITY OF SAN JUAN CAPISTRANO**  
**BUILDING DIVISION**  
 32400 Paseo Adelanto  
 San Juan Capistrano, CA 92675  
 (949) 443-6347  
[building@sanjuancapistrano.org](mailto:building@sanjuancapistrano.org)  
[www.sanjuancapistrano.org/building](http://www.sanjuancapistrano.org/building)

# BUILDING PERMIT APPLICATION

<b>PERMIT NUMBER</b>
-

THIS PERMIT APPLICATION WILL EXPIRE 1 YEAR FROM THE DATE SHOWN BELOW UNLESS THE PERMIT HAS BEEN ISSUED OR AN EXTENSION IS APPROVED BY THE BUILDING OFFICIAL PRIOR TO APPLICATION EXPIRATION.

## PROJECT ADDRESS

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

			<b>ASSESSOR'S PARCEL NO. (APN):</b>
<b>Street #</b>	<b>Street Name</b>	<b>Unit / Suite</b>	_____
<b>SAN JUAN CAPISTRANO</b>	<b>CA</b>	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>	_____
<b>Tract(s):</b>	<b>Lot(s):</b>	<b>Phase:</b>	_____

## PROJECT INFORMATION

<b>BUILDING / STRUCTURE TYPE:</b> Residential (Single-family, Duplex, Townhome, Mobile Home)  Residential (Apartment, Condo, Hotel / Motel, other residential)  Commercial  Mixed-Use (Residential and Commercial)	<b>SELECT ALL THAT APPLY UNDER THIS PERMIT :</b>  <table style="width: 100%;"> <tr> <td>New Building or Structure</td> <td>Wall / Fence</td> </tr> <tr> <td>Addition (adding square footage to a building)</td> <td>Pool / Spa</td> </tr> <tr> <td>Improvement / Alteration / Remodel (existing space)</td> <td><input type="checkbox"/> Demolition Only</td> </tr> <tr> <td>Repair</td> <td><input type="checkbox"/> Temporary / Event</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify): _____</td> </tr> </table>	New Building or Structure	Wall / Fence	Addition (adding square footage to a building)	Pool / Spa	Improvement / Alteration / Remodel (existing space)	<input type="checkbox"/> Demolition Only	Repair	<input type="checkbox"/> Temporary / Event	<input type="checkbox"/> Other (specify): _____	
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<input type="checkbox"/> Other (specify): _____											

## PROJECT OR BUSINESS NAME *(if applicable)*

## PROJECT VALUATION

\$ \_\_\_\_\_

**PROJECT DESCRIPTION** *Briefly describe the project below and include the areas (sq. ft.) of each portion of the work (new, addition, remodel, etc.)*

*The project valuation is the total value of all construction work for which the permit is issued.*

## APPLICANT INFORMATION

<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Owner</td> <td><input type="checkbox"/> Owner's agent</td> </tr> <tr> <td><input type="checkbox"/> Tenant</td> <td><input type="checkbox"/> Tenant's agent</td> </tr> <tr> <td><input type="checkbox"/> Contractor</td> <td><input type="checkbox"/> Contractor's agent</td> </tr> <tr> <td><input type="checkbox"/> Architect</td> <td><input type="checkbox"/> Architect's agent</td> </tr> <tr> <td>Designer</td> <td>Designer's agent</td> </tr> <tr> <td>Engineer</td> <td>Engineer's agent</td> </tr> </table>	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner's agent	<input type="checkbox"/> Tenant	<input type="checkbox"/> Tenant's agent	<input type="checkbox"/> Contractor	<input type="checkbox"/> Contractor's agent	<input type="checkbox"/> Architect	<input type="checkbox"/> Architect's agent	Designer	Designer's agent	Engineer	Engineer's agent	<b>NAME:</b> _____ <b>COMPANY:</b> _____ <b>PHONE:</b> _____ <b>EMAIL:</b> _____
<input type="checkbox"/> Owner	<input type="checkbox"/> Owner's agent												
<input type="checkbox"/> Tenant	<input type="checkbox"/> Tenant's agent												
<input type="checkbox"/> Contractor	<input type="checkbox"/> Contractor's agent												
<input type="checkbox"/> Architect	<input type="checkbox"/> Architect's agent												
Designer	Designer's agent												
Engineer	Engineer's agent												

**PROPERTY OWNER INFORMATION**

Individual and/or Company Name: _____
Address: _____
_____
Phone: _____
E-mail: _____

**TENANT INFORMATION** *(if applicable)*

Individual and/or Company Name: _____
Address: _____
_____
Phone: _____
E-mail: _____

**CONTRACTOR INFORMATION**

Contractor Company Name: _____	License #: _____
Phone: _____	License Class: _____
E-mail: _____	<b>Worker's Compensation Insurance:</b> <input type="checkbox"/> Exempt
Mailing Address: _____	Carrier: _____
_____	Policy #: _____
	Expiration Date: _____

**DESIGN PROFESSIONAL INFORMATION** *(if applicable)*

<b>Type of Professional:</b> Architect <input type="checkbox"/> Engineer (specify trade): _____ <input type="checkbox"/> Designer (unlicensed)	Name: _____ License #: _____ Phone: _____ E-mail: _____
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**DESIGN PROFESSIONAL INFORMATION** *(if applicable)*

<b>Type of Professional:</b> <input type="checkbox"/> Architect <input type="checkbox"/> Engineer (specify trade): _____ <input type="checkbox"/> Designer (unlicensed)	Name: _____ License #: _____ Phone: _____ E-mail: _____
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**HOA APPROVAL:** Please read and initial the acknowledgment below.

I acknowledge that the work indicated in this application may be subject to approval from a Homeowner's Association (HOA), and that it is the responsibility of the applicant and/or owner to obtain any required HOA approval prior to commencing the work.

(INITIALS)

