

COMMERCIAL BUILDING PERMIT APPLICATION



City of Tulare

411 East Kern Avenue, Tulare, CA 93274
(559) 684-4218 www.tulare.ca.gov

1. Job Site Information & Location

Address: _____

2. Is this permit to clear a Code Enforcement Violation?

Yes:

No:

If Yes, provide the following information:

Code Enforcement Case ID #: _____

Also, provide copies of the Code Enforcement Violation Letters:

3. Applicant Information (building permit correspondence)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Cell #: _____

Email: _____

4. Property Owner: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

5. Contractor Information (person/co performing the work)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Cell #: _____

Email: _____

CA Contractor's License #: _____

6. Business Name: _____

Business Owner: _____

Phone #: _____ Cell#: _____

Email: _____

7. Design Professional (Architect / Engineer)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Cell #: _____

Email: _____ License #: _____

8. Description of work:

OFFICE USE ONLY	
Permit #:	_____
Date Received:	_____
TYPE OF PROJECT	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Damage Repair
<input type="checkbox"/> Alteration Structural	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Alteration Non-Struct.	<input type="checkbox"/> Other
TYPE OF USE	
<input type="checkbox"/> Office	<input type="checkbox"/> Retail
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Food
<input type="checkbox"/> Medical/Clinic	<input type="checkbox"/> Lab
<input type="checkbox"/> Service Station	<input type="checkbox"/> Restaurant/Bar
<input type="checkbox"/> Multifamily	<input type="checkbox"/> Storage
<input type="checkbox"/> Shell Building	<input type="checkbox"/> Other
REQUIRED DATA	
Indicate the value of the work to be performed under this permit (rounded to the nearest dollar) including all equipment, materials, labor, overhead and profit.	
Valuation: \$	_____
Type of Construction:	_____
Occupancy Group:	_____
<small>(If more than one Occupancy Group):</small>	
Existing Area, sq.ft:	_____
New Area, sq.ft:	_____
T.I. - Affected Area sq.ft:	_____
# of Buildings / # of Stories:	_____
Sprinklers	YES <input type="checkbox"/> NO <input type="checkbox"/>
Heating	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cooling	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hazardous Materials on site:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any work in the Public-ROW:	YES <input type="checkbox"/> NO <input type="checkbox"/>
NOTICE	
EXPIRATION OF APPLICATION: This application will expire if a permit is not obtained within 180 days after it has received an approval to proceed.	
CERTIFICATION	
I hereby certify that I have authority to make the forgoing application, the information contained herein is correct and that the construction will comply with all applicable codes and regulations adopted by the City of Tulare	
Signature of Applicant	

Provide ALL applicable information:

(Pg. 2 of 2)

NEW CONSTRUCTION		ELECTRICAL		MECHANICAL		PLUMBING	
Type of Project:		# of Receptacle Outlets:		HVAC Unit Size:		Sewer Lin. Ft.:	
Type of Use:		# of Lights:		Roof or Attic Mount'd:		Water Ser Lin. Ft.:	
Number of Stories:		Main Service Panel (Amps):		New Duct Work Lin. Ft.:		# of Fixtures:	
Total sq. ft.:		Subpanel (Amps):		Ex. Hood & Duct:		# Gas Outlets:	
Type of Const.:		Rewire Sq. Ft.:		Furnace:		Grease Interceptor:	
Type of Use:		Power Apparatus (HP):		Coils or condensers:		Other Plumbing:	
Fire Sprinklers:		Other Electrical:		Misc. Appliances:			
Occupancy Load:							
CONST. VALUATION \$:							
ADDITION		ELECT. PANEL CHANGE OUT		HVAC CHANGE-OUT		WATER HEATER CHANGE OUT	
Total New sq. ft.:		Existing Panel Rating (Amps):		Roof or Attic Mount'd:		Tankless:	
Type of Const.:		New Panel Rating (Amps):		Split or Dual Pk:		Tank (Gallons):	
Type of Use:		Derated MSB (Amps):		Tons:			
Occupancy Load:				BTUs:			
				SEER:			
VALUATION \$:		VALUATION \$:		VALUATION \$:		VALUATION \$:	
TENANT IMPROVEMENT		SIGNS (Provide form SLTG-1C)		STORAGE RACK		GREASE HOODS	
TI sq. ft.:		Illuminated Sign:		Lin. Ft.:		Type I	
Type of Use:		Non-Illuminated Sign:				Type II	
Occupancy Load:		Monument Sign:					
T.I. VALUATION \$:		VALUATION \$:		VALUATION \$:		VALUATION \$:	
PHOTOVOLTAIC		Existing MSB (Amps):		Derated MSB (Amps):		New Subpanels:	
Roof Mounted:		Number of Modules:		Existing MSP (Amps):		New Load Centers:	
Ground Mounted:		Wattage Each:		New MSP (MPU)(Amps):			
Total KW:		New Battery (ESS) Capacity:		New GMA or Meter Adapters:		Existing PV Syst.:	
VALUATION \$:		New Battery (ESS) Valuation:		New MSP or MPU Valuation:		Is Exist. PV Syst. RSD Compliant?	
FENCE (Masonry, Wood, WI)		Pilasters Yes / No?		Is there a Gate at Driveway Yes / No?			
Fence Type, Material:		Number of Pilasters:		Is the Gate motorized Yes / No?			
Fence Lin. Ft.:		Height of Pilasters:		If motorized, electrical permit is needed			
Fence Height:		Width of Pilasters:		Indicate location of tie-in to exist. system			
VALUATION \$:		Is there a Gate Yes / No?					
RE-ROOF (Provide form CF1R-ALT-01) (Provide form CF2R-ENV-04)		Tear Off / Overlay:		DEMOLITION (Scope Description:)		(Provide a Construction and Demolition Debris Recycling and Reuse Plan)	
Roof Slope:		Only 1 Exist. Layer:					
Roofing Material:		ICC ESR #:					
Sq. Ft. of Roof Area:		CRRC #:					
VALUATION \$:		CR Exception:				VALUATION \$:	