



**CITY OF
SANTA CLARITA
BUILDING & SAFETY**
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[www.santa-clarita.com/
cityhall/pw/building](http://www.santa-clarita.com/cityhall/pw/building)

**PERMIT APPLICATION
SMALL PROJECTS**

BIN #

1

*Please complete all fields that apply to the project.
(Bold line areas require information or N/A.)*

DATE:	APN:	PERMIT #:		
APPLICANT NAME:		COMPANY NAME (IF APPLICABLE):		
AGENT / OWNER / CONTRACTOR / ARCHITECT / ENGINEER. / DESIGNER / OTHER:				
APPLICANT CONTACT INFORMATION: PHONE # (S)		E-MAIL:		
PROJECT ADDRESS:		UNIT #:	TRACT #:	LOT #:
PROJECT OR BUSINESS NAME (IF APPLICABLE):			VALUATION: \$	
DESCRIPTION OF PROPOSED WORK:			SQUARE FT: (IF APPLICABLE)	
ARE THERE ANY OAK TREES LOCATED ON OR ADJACENT TO THIS PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
WILL WORK BE DONE AS OWNER/BUILDER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

PEOPLE ASSOCIATED WITH THIS PROJECT (PROVIDE ALL APPLICABLE INFORMATION)

PROPERTY OWNER NAME:		PHONE #:	FAX #:	
MAILING ADDRESS			EMAIL:	
CITY:	STATE:	ZIP:		
CONTRACTOR COMPANY:			CONTRACTOR NAME:	
MAILING ADDRESS:			PHONE #:	
CITY:	ST:	ZIP:	CELL #:	
LICENSE #:	CLASS #:	EXP. DATE:	FAX #:	
WORKER'S COMP. COMPANY NAME:	POLICY #:	EXP. DATE:	EMAIL ADDRESS:	
WORKER'S COMP. AGENCY NAME:			INSURANCE AGENCY PHONE:	

ENGINEER or ARCHITECT FIRM:		NAME:		
MAILING ADDRESS:		PHONE #:	LICENSE #:	
CITY:	ST:	ZIP:	FAX #:	

GEOTECHNICAL ENGINEER / FIRM:			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS:			FAX #:
CITY:	STATE:	ZIP:	EMAIL:
MECHANICAL ENGINEER / FIRM:			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS:			FAX #:
CITY:	STATE:	ZIP:	EMAIL:
ELECTRICAL ENGINEER / FIRM:			LICENSE #:
RESPONSIBLE INDIVIDUAL			PHONE #:
ADDRESS			FAX #:
CITY:	STATE:	ZIP:	EMAIL:

PARCEL INFORMATION (Tenant improvement and interior alterations answer questions 1-4 only)

Parcel Size:	Ac.	Total Parking:	Spaces:	Grading: CUT _____ YDS	FILL _____ YDS
1.	Will any demolition take place?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
2.	Is a Yard Agreement currently in effect allowing building area increases?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
3.	Is property served by a private sewage disposal system as opposed to public sewer system? If yes, Septic Tank Size? _____ gal. Type: Drainage Line <input type="checkbox"/> Seepage Pit <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
4.	Are there any easements on the property?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
5.	Is any portion of the property located on a hillside area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
6.	Are there any oak trees on the property?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
7.	Is the proposed building in a flood zone or flood hazard area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
8.	Are there any known or suspected geologic hazards or soils hazards on the property?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
9.	Is any work proposed near a natural wash or creek area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>
10.	Is any portion of the property located within 1,000 feet of a natural hillside area?			YES <input type="checkbox"/> NO <input type="checkbox"/>	NOT SURE: <input type="checkbox"/>

HAZMAT / AQMD DISCLOSURES

1.	Will the building occupant(s) handle hazardous or acutely hazardous materials or mixtures in amounts which require disclosure as described in the Hazardous Materials Disclosure Program? (California Health & Safety Code Chapter 6.95 and California Code of Regulations Title 19)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2.	Will the intended use of the building require a permit for construction or modification from the South Coast Air Quality Management District as described in the Air Quality Permit Checklist?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.	Will any asbestos be disturbed or removed from the building?	YES <input type="checkbox"/> NO <input type="checkbox"/>	N/A: <input type="checkbox"/>

By signing below, I declare that the information provided in this permit application is true and correct to the best of my knowledge. I understand my responsibilities as the permit applicant. Prior to the issuance of a permit, I agree to fulfill all applicable requirements of state and local laws.

Print Name

Signature

Date