



City of Pomona —Building and Safety Division Plan Check/Permit Application

Project Address:	
Project Owner:	Contractor/Engineer/Architect/Other:
Address:	Address:
City/State/Zip Code	City/State/Zip Code
Phone Number:	Phone Number/ Email Address:
Email Address:	Contractor's License # Class Code:

This person will be notified for information on this project.

Contact Person: _____

Phone Number: _____ **Email Address:** _____

Description of Work: _____ Please check one: **COMMERCIAL** **RESIDENTIAL**

The following questions must be answered.

Is the project at a Public School building? YES NO

Is the project at a Mobile Home community? YES NO

Will the project involve soil disturbance? YES NO

<u>BUILDING</u>	<u>ELECTRICAL</u>	<u>MECHANICAL</u>	<u>PLUMBING</u>
Type of Construction _____ Occupancy Type: _____ # of Stories _____ Project Valuation \$: _____ New <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Shell <input type="checkbox"/> Commercial _____ sq. ft. _____ sq. ft. Addition <input type="checkbox"/> Room <input type="checkbox"/> Balcony/Deck <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Commercial _____ sq. ft. _____ sq. ft. Alteration <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Remodel _____ sq. ft. Block Wall <input type="checkbox"/> Retaining <input type="checkbox"/> Non-Retaining _____ sq.ft _____ Height Windows/Sliding Doors Windows _____ Sliding Doors _____ Exterior Stucco/Siding _____ Sq. Ft.	Fixed Res. Appliances _____ Fixed Non- Res Appliances _____ Outlets/Switches _____ Fixtures _____ Portable Generator _____ Temp. Distribution Pole _____ Pole/Platform Mounted _____ Misc Conduits (rewire) _____ Services/Switchboards <input type="checkbox"/> Service Panel <input type="checkbox"/> Sub-Panels Under 400 amps _____ 400 to 1000 amps _____ Over 1000 amps _____ # of Branch Circuits/Breakers _____ Power Apparatus/Transformers 3-10HP _____ 11-50HP _____ 51-100HP _____ Over 100HP _____ DEMOLITION Sq. Ft. _____ # of Structures: _____ Entire Building <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer Cap <input type="checkbox"/> Yes <input type="checkbox"/> No Demo Valuation \$: _____	FAU/Furnace/Boilers/Wall Heaters Under 100,000 BTUs _____ 100,001-500,00 BTUs _____ Over 500,000 BTUs _____ Air Inlet/Outlet(Ducts) _____ Air Handler/Condensers Under 2,000 CFMs _____ 2,001-10,000 CFMs _____ Over 10,001 CFMs _____ Appliance Vent _____ Evaporative Cooler _____ Ventilation Fan(s) _____ Ventilation System(s) _____ Commercial Kitchen Hood(s) _____ Spray Booth _____ Alter Duct System _____ Ducts _____ CELL SITE <input type="checkbox"/> New <input type="checkbox"/> Modification Carrier _____ Valuation \$ _____ STORAGE RACKS Sq. Ft. _____ Height _____ Valuation \$ _____ PATIO COVER <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Lattice <input type="checkbox"/> Covered Roof Sq. Ft. _____	Plumbing Fixtures _____ Dishwasher _____ Waste Inlets _____ Roof Drains _____ Backwater Valves/Devices _____ Interceptors _____ Regulators _____ Water Heaters _____ Repipe _____ Outlets _____ Water Treat Equip(Main Line) _____ Grey Water Systems _____ Gas Systems Gas Meter _____ <input type="checkbox"/> Low Pressure <input type="checkbox"/> Medium Pressure <input type="checkbox"/> High Pressure Gas Appliance Outlet(s) _____ Sewer <input type="checkbox"/> Connection <input type="checkbox"/> Disconnection <input type="checkbox"/> Repair/Alteration POOL/SPA <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Gunite <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass Sq. Ft. _____ Valuation \$ _____ SIGNS <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-illuminated <input type="checkbox"/> Channel Letters <input type="checkbox"/> Monument Wording: _____ # of Signs: _____ Valuation \$ _____
REROOF # of Sqs. _____ Pitch of Roof _____ Material _____ Garage Included <input type="checkbox"/> Yes <input type="checkbox"/> No Tear-off <input type="checkbox"/> Yes <input type="checkbox"/> No Valuation: \$ _____	SOLAR PANELS Kilowatts _____ # of Panels: _____ <input type="checkbox"/> Panel Upgrade: _____ amps # of Branch Circuits/Breakers _____ Valuation \$ _____		

This application must be signed for permit issuance.

Applicant Name: _____

Applicant Signature: _____ Date: _____