

# Worksheet for Building/Fire Permit Application

City of Newport Beach  
Building Department



Please print 3 copies

<b>1. Project Address (Not mailing address)</b>				Floor	Suite No
<input type="text"/>				<input type="text"/>	<input type="text"/>
<b>Legal Description</b>	Lot	Block	Tract	# Units	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>2. Description of Work</b>		Use
<input type="text"/>		<input type="text"/>
Tenant Name if Commercial <input type="text"/>		# Stories <input type="text"/>
<input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Demo		Valuation \$ <input type="text"/>
		Sq Ft (new/add/extended) <input type="text"/>

Check Appropriate Box for Applicant/Notification Information

<input type="checkbox"/> <b>3. Owner's Name</b>	Last <input type="text"/>	First <input type="text"/>
Owner's Address <input type="text"/>		Owner's E-mail Address <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/> Telephone <input type="text"/>

<input type="checkbox"/> <b>4. Architect/Designer's Name</b>	Last <input type="text"/>	First <input type="text"/>	Lic. No. <input type="text"/>
Architect/Designer's Address <input type="text"/>		Architect/Designer's E-mail Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Telephone <input type="text"/>

<input type="checkbox"/> <b>5. Engineer's Name</b>	Last <input type="text"/>	First <input type="text"/>	Lic. No. <input type="text"/>
Engineer's Address <input type="text"/>		Engineer's E-mail Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Telephone <input type="text"/>

<input type="checkbox"/> <b>6. Contractor's Name</b>	Last <input type="text"/>	First <input type="text"/>	Lic. No. <input type="text"/>	Class <input type="text"/>
Contractor's Address <input type="text"/>		Contractor's E-mail Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Telephone <input type="text"/>	

**OFFICE USE ONLY**

TYPE OF CONSTRUCTION \_\_\_\_\_

OCCUPANCY - GROUP \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

PLAN CHECK NO. \_\_\_\_\_

PLAN CHECK FEE \$ \_\_\_\_\_

PLAN CHECK ENG. \_\_\_\_\_