



CITY OF DANA POINT

COMMUNITY DEVELOPMENT DEPARTMENT
33282 Golden Lantern, Suite 209
Dana Point, CA 92629
(949) 248-3564 | www.danapoint.org

PERMIT NUMBER:

SUBMITTAL DATE:

BUILDING PERMIT APPLICATION

DESCRIPTION OF PROJECT

SITE ADDRESS:		BUSINESS NAME:	
STRUCTURE TYPE:	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other:		
NEW BUILDING (SQFT)	ADDITION (SQFT)	REMODEL (SQFT)	DEMOLITION (SQFT)
Construction Type:	Occupancy:	Use Type:	Re-Roof: (SQFT)
Fire-Sprinklers Installed YES <input type="checkbox"/> NO <input type="checkbox"/>		Project Valuation: \$	

PROPERTY DETAILS

<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Rental Unit	<input type="checkbox"/> Beach Road Property	<input type="checkbox"/> Strands Property	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Historic/Mills Act	<input type="checkbox"/> ADU	<input type="checkbox"/> Sober Living Home	<input type="checkbox"/> Short Term Rental	

DESCRIPTION OF WORK

(Please provide complete scope-of-work):

CONTACT INFORMATION

APPLICANT NAME:			
Address:			City, State, Zip:
Email:			Phone Number:
PROPERTY OWNER:	<input type="checkbox"/> SAME AS APPLICANT		
Address:			City, State, Zip:
Email:			Phone Number:
CONTRACTOR:			
Address:			City, State, Zip:
Email:			Phone Number:
License Number & Class:			Exp. Date:
Workers Comp. Carrier:	Policy Number:	Exp. Date:	
ARCHITECT/ENG:			
Address:			City, State, Zip:
Email:			Phone Number:
License Number:			

VERIFICATION (BY APPLICANT)

I hereby acknowledge that I have read the application and state that the above information is complete and correct. If the scope of work changes during plan review this application must be updated by the applicant. I understand that a plan review will expire if the permit has not been pulled within 180 days from date of application. I agree to comply with all City Ordinances, State Regulations, provisions and conditions of any permit issued pursuant to this application. Permits will expire if inspections are not scheduled every 180 days.

Print Name: _____ Signature: _____ Date: _____

CITY USE ONLY

(OTHER SIDE FOR CITY USE ONLY)

PLANNING DIVISION

APN:	Discretionary Project(s):
Zoning:	
<input type="checkbox"/> APPROVED, no additional review required by:	DATE:
<input type="checkbox"/> PLAN CHECK SUBMITTAL REQUIRED by:	DATE:
LANDSCAPE PLANS REQUIRED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOA REVIEW COMPLETED:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
ADDRESS VERIFICATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	

ENGINEERING SERVICES

<input type="checkbox"/> APPROVED, no additional review required by:	DATE:
<input type="checkbox"/> NOT APPROVED, see below for missing items	DATE:
<input type="checkbox"/> PLAN CHECK SUBMITTAL REQUIRED by:	DATE:
<input type="checkbox"/> No Engineering Approvals Required by:	DATE:
Grading Permit Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Minor Grading Permit Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Soils Report Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Encroachment Permit Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drainage Plan Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
S-14 Infiltration:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Which watershed is the project located in? <i>(Reference the Watershed Map available at the front counter.)</i>	
<input type="checkbox"/> Dana Point Coastal Streams (Salt Creek Area) <input type="checkbox"/> San Juan Creek (Doheny Beach Area) <input type="checkbox"/> San Clemente Coastal Streams (San Clemente Coastal Streams)	
What is the project priority? <i>(Based on the Urban Runoff Threat Prioritization Form)</i>	
<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH	
Comments:	

BUILDING & SAFETY DIVISION

<input type="checkbox"/> APPROVED, no additional review required by:	DATE:
<input type="checkbox"/> PLAN CHECK SUBMITTAL REQUIRED by:	DATE:
Comments:	