



BUILDING PERMIT APPLICATION

City of Oxnard Service Center
214 S C Street, Oxnard CA 93030
www.oxnard.org/build 805 385-7925

APPLICATION NUMBER
PROJECT VALUATION

PROPERTY INFORMATION

PROJECT ADDRESS	APN	TRACT	LOT NO.	UNIT NO.
PROPERTY OWNER NAME	PHONE	E-MAIL		

All general contractors, sub-contractors, architects, engineers, designers, and others conducting business with the City of Oxnard are required to maintain a current business license -Business Tax Certificate (BTC) For more information Contact Licensing Services (805) 385-7817

CONTACT INFORMATION

CONTACT NAME	PHONE	E-MAIL	BTC#
CONTACT ADDRESS	CITY	ZIP	
CONTRACTOR / COMPANY NAME	PHONE	E-MAIL	BTC#
COMPANY ADDRESS	CITY	ZIP	STATE LICENSE#
ARCHITECT / ENGINEER / COMPANY NAME	PHONE	E-MAIL	BTC#
COMPANY ADDRESS	CITY	ZIP	STATE LICENSE#

PROJECT INFORMATION - CHECK ALL THAT APPLY

<input type="checkbox"/> BUILDING	EXISTING DWELLING SQUARE FOOTAGE: _____	EXISTING GARAGE SQUARE FOOTAGE : _____	NUMBER OF STORIES: _____
Describe what is being built and its use below and attach a site plan identifying proposed work. _____			

<input type="checkbox"/> PLUMBING INDICATE # OF APPLICABLE PLUMBING FIXTURES BELOW:											
BATH/SHOWER:	LAUNDRY WASHER:	DISH WASHER:	GARBAGE DISPOSAL:	LAVATORY:	BATHROOM SINK:	KITCHEN SINK:	TOILET/URINAL:	SHOWER PAN:	DRAIN:	WATER HEATER:	
SEWER:	GREASE TRAP:	SAMPLE WELL:	LAWN SPRINKLER:	WATER SYSTEM:	BACK FLOW DEVICE:	GAS/FUEL OUTLET:	POOL/SPA ABOVE GROUND:	POOL/SPA INDOOR:	LAUNDRY TRAY:	OTHER:	

<input type="checkbox"/> MECHANICAL INDICATE # OF MECHANICAL ITEMS BELOW:											
PROCESS PIPING:	HAZARDOUS: _____	NON-HAZARDOUS: _____	GAS: _____	HEATING SYSTEM:	AC SYSTEM:	EVAP COOLER:	AIR HANDLER:	EXHAUST FAN:	HOODS:	OTHER:	

<input type="checkbox"/> ELECTRICAL INDICATE # OF ELECTRICAL ITEMS BELOW:											
SERVICE & SUB PANELS	TEMPORARY POWER	MOTORS	TRANSFORMERS	GENERATORS	POOL:	OUTLETS:	OTHER:				
AMPS: _____	MAIN: _____	NO: _____	NO: _____	NO: _____							
NO.: _____	SUB: _____	H.P: _____	SIZE: _____	WATTS: _____	SPA:	SWITCHES:					
NEW SERVICE?: _____	TYPE: <input type="checkbox"/> POLE <input type="checkbox"/> PEDESTAL					LIGHT FIXTURES:					

<input type="checkbox"/> SIGNS INDICATE # OF MECHANICAL ITEMS BELOW:											
NO:	TYPE:	SIGN AREA (SF):	<input type="checkbox"/> NON-ILLUMINATED	<input type="checkbox"/> ILLUMINATED	CIRCUITS:						

<input type="checkbox"/> FIRE PERMITS UNDERGROUND LENGTH: _____ OVERHEAD AREA (SF): _____											
<input type="checkbox"/> NEW	<input type="checkbox"/> TENANT IMPROVEMENT	<input type="checkbox"/> FIRE SUPPRESSION SYSTEM	<input type="checkbox"/> FIRE ALARM SYSTEM	NO. OF ALARM DEVICES: _____							

<input type="checkbox"/> ROOF PERMITS ROOF COVERING CLASS: <input type="checkbox"/> A <input type="checkbox"/> B											
ROOF AREA:	ROOF PITCH (in 12 inches):	LAYERS OF PAPER:	GRADE #:	DRIP EDGE SIZE: _____ X _____							

SPECIAL CONDITIONS Describe or detail additional information or specifications below.											

AUTHORIZATION

I certify that I have read this application and declare under perjury that the information contained herein is true, correct, and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the above mentioned property for inspection purposes. I am the owner of the structure listed on this permit or I represent the owner and am acting with the owner's full knowledge and consent.

Executed at City of Oxnard: _____ Date _____ Owner / Contractor Authorized Signature _____ Title _____

FOR CITY OFFICE USE ONLY														
CLASS OF WORK	<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR	<input type="checkbox"/> FENCE	USE OF BUILDING	RESIDENTIAL				COMMERCIAL				NEW BUILDING SQ. FT.	DECK/PATIO SQ. FT.
	<input type="checkbox"/> ADDITION	<input type="checkbox"/> MOVE	<input type="checkbox"/> RE-ROOF		<input type="checkbox"/> SINGLE-FAMILY	<input type="checkbox"/> RETAIL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> OFFICE	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> PUBLIC		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> PATIO COVER	<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> RESTAURANT							REMODELED SQ. FT.	PATIO COVER SQ. FT.		
<input type="checkbox"/> PATIO COVER	<input type="checkbox"/> PATIO COVER												TENANT IMPROVEMENT SQ. FT.	ACCESSORY SQ. FT.
ZONING	APPROVALS	REQUIRED	DATE	APPROVED BY	REMARKS							OTHER SQ. FT.		
PLANNING	BUILDING	<input type="checkbox"/> YES <input type="checkbox"/> NO												
BEDROOMS:	PLANNING	<input type="checkbox"/> YES <input type="checkbox"/> NO												
CONSTRUCTION TYPE:	FIRE	<input type="checkbox"/> YES <input type="checkbox"/> NO												
OCCUPANCY GROUP:	ELECTRICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO												
MAX OCCUPANCY:	PARKS	<input type="checkbox"/> YES <input type="checkbox"/> NO												
STORIES:	SOURCE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO												
UNITS:	PERMIT APPROVED FOR ISSUANCE:						ISSUED BY:							