



# BUILDING PERMIT APPLICATION

City of Oxnard Service Center  
214 S C Street, Oxnard CA 93030  
Oxnard.gov/Build

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
CONTACT ADDRESS	CITY	ZIP

CONTRACTOR / COMPANY NAME	PHONE	E-MAIL	
COMPANY ADDRESS	CITY	ZIP	STATE LICENSE#

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

## PROJECT INFORMATION

<b>SCOPE OF WORK</b>	EXISTING DWELLING SQUARE FOOTAGE:	EXISTING GARAGE SQUARE FOOTAGE :	NUMBER OF STORIES:
Describe what is being built and its use below and attach a site/floor plan identifying proposed work.			

<input type="checkbox"/> <b>PLUMBING</b>	INDICATE # OF APPLICABLE PLUMBING FIXTURES BELOW									
TUB/SHOWER:	LAUNDRY WASHER:	DISH WASHER:	GARBAGE DISPOSAL:	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:	LAUNDRY TRAY:	OTHER:	

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

<input type="checkbox"/> <b>ELECTRICAL</b>	INDICATE # OF ELECTRICAL ITEMS BELOW									
<b>SERVICE &amp; SUB PANELS</b>	<b>TEMPORARY POWER</b>	<b>MOTORS</b>	<b>TRANSFORMERS</b>	<b>GENERATORS</b>	<b>POOL:</b>	<b>OUTLETS:</b>	<b>OTHER:</b>			
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"/> <b>SIGNS</b>	INDICATE # OF MECHANICAL ITEMS BELOW									
NO: _____	TYPE: _____	SIGN AREA (SF): _____	<input type="checkbox"/> NON-ILLUMINATED	<input type="checkbox"/> ILLUMINATED	CIRCUITS: _____					

<input type="checkbox"/> <b>FIRE PERMITS</b>	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"/> <b>ROOF PERMITS</b>	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 _____

<b>SPECIAL CONDITIONS</b>	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"/> ALTERATION	<input type="checkbox"/> DEMOLITION			<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> PUBLIC					
	<input type="checkbox"/> PATIO COVER	<input type="checkbox"/> PATIO COVER										
ZONING	APPROVALS	REQUIRED	DATE	APPROVED BY	REMARKS						ADDITION SQ. FT.	EXISTING DWELLING SQ. FT.
PLANNING	<b>BUILDING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO									REMODELED SQ. FT.	PATIO COVER SQ. FT.
BEDROOMS:	<b>PLANNING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO									TENANT IMPROVEMENT SQ. FT.	ACCESSORY SQ. FT.
CONSTRUCTION TYPE:	<b>FIRE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO									OTHER SQ. FT.	OTHER SQ. FT.
OCCUPANCY GROUP:	<b>ELECTRICAL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
MAX OCCUPANCY:	<b>PARKS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
STORIES:	<b>SOURCE CONTROL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
UNITS:	PERMIT APPROVED FOR ISSUANCE:					ISSUED BY:						