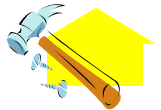




REMODEL TO SINGLE FAMILY DWELLING WORKSHEET



City of Glendale Permit Service Center
633 E. Broadway, Room 101 (Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Plan Check No. BBP _____

Building Permit No. BB _____

Please type or print legibly in ink

Property Address: _____

Description of Work: _____

Check this box if work has already started (**Note:** Double the permit fee will be charged for legalization)

Property Owner Information:

Property Owner _____ / Address _____ / Phone _____ / E-mail _____

Professional Information:

Architect's Name _____ / Address _____ / License # _____ / Phone _____ / E-mail _____

Engineer's Name _____ / Address _____ / License # _____ / Phone _____ / E-mail _____

Contractor's Name _____ / Address _____ / License # _____ / Phone _____ / E-mail _____

Applicant Information:

Applicant's / Contact's Name _____ / Address _____ / Phone _____ / E-mail _____

Valuation: \$ _____

FOR OFFICE USE ONLY

Revised Valuation: \$ _____ **OK to Submit By:** _____ **Date:** _____

Processed By: _____ **Receipt Number:** _____ **Date:** _____

Fees:

- | | | | |
|--|---|---|--|
| <u>Type</u> | <u>Plumbing</u> | <u>Mechanical</u> | <u>Electrical</u> |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> FAU (Roof Mounted NOT PERMITTED) | <input type="checkbox"/> New Service |
| <input type="checkbox"/> Bathroom(s) # _____ | <input type="checkbox"/> Sewer Cap | <input type="checkbox"/> Bathroom Vent Fan | <input type="checkbox"/> Landscape Lighting |
| <input type="checkbox"/> Stucco / Re-stucco | <input type="checkbox"/> Water Heater | | <input type="checkbox"/> Branch Circuit(s) # _____ |
| <input type="checkbox"/> Replace Windows | <input type="checkbox"/> Water Softener | | |
| <input type="checkbox"/> Non-Block Fence | <input type="checkbox"/> Lawn Sprinklers | | |
| <input type="checkbox"/> Re-roof # Sqs _____ | <input type="checkbox"/> Building Sewer (\$355, \$491, \$627) | | |

Type of Roof _____

Plan Check

Clearances:

<input type="checkbox"/> Engineering	Name _____ / Signature _____ / Date _____	<input type="checkbox"/> DRB	Name _____ / Signature _____ / Date _____
<input type="checkbox"/> Zoning	Name _____ / Signature _____ / Date _____	<input type="checkbox"/> Electric	Name _____ / Signature _____ / Date _____
<input type="checkbox"/> Fire	Name _____ / Signature _____ / Date _____		

Plan Checked By: _____ **OK to Issue By:** _____ **Date:** _____

Processed By: _____ **Receipt Number:** _____ **Date:** _____

Legal Description: Lot _____ Block _____ Tract _____ Zoning: _____ Fire Zone 4: Y or N

Comments: _____

