



# PERMIT APPLICATION WORKSHEET

**Planning and Building Department**  
 250 Frank H. Ogawa Plaza  
 2<sup>nd</sup> Floor, Suite 2114  
 Oakland, CA 94612  
 Tel (510) 238-3443  
 Fax (510) 238-2263  
 Hours:  
 8 am-4pm M,Tu,Th,F  
 9:30 am-4 pm Wed

**PLEASE COMPLETE ALL INFORMATION. APPLICANTS WITH INCOMPLETE WORKSHEETS MAY BE ASKED TO GET A NEW NUMBER. INACCURATE INFORMATION MAY LEAD TO SUSPENSION OF THE PERMIT. ADDITIONAL PERMITS MAY BE REQUIRED, i.e., Electrical, Plumbing, Mechanical, Sewer, Obstruction.**

TYPE OF PERMIT: (circle one)		SCHOOL FEE (SF)		ADDRESS FEE
RIGHT OF WAY	BUILDING	SIGN	Commercial \$0.51	\$154.91
			Residential \$3.20	\$56.23
			Change of Address for Any Occupancy \$403.92	
TYPE OF WORK (circle one)				
(1) NEW CONSTRUCTION	(2) REPAIR	(3) ADDITION	(4) CELL SITE	(5) ALTERATION /T.I.
(6) DEMOLITION ( _____ SF)	(7) SOLAR PANELS (SE)	(8) RETROFIT	(9) C.O. /S.A.	(10) CHANGE IN USE
IS THIS APPLICATION RELATED TO ANY OTHER PERMIT? TO ANY OTHER COMPLAINT?		IF YES, INDICATE PERMIT #, PLANNING CASE FILE # OR COMPLAINT #:		
<input type="radio"/> YES <input type="radio"/> NO				
SITE ADDRESS/JOB LOCATION			ASSESSOR'S PARCEL NO.	
DESCRIPTION OF PROPOSED WORK				
WORK IS VISIBLE FROM FREEWAY/BART <input type="radio"/> NO <input type="radio"/> YES				
EXTERIOR WORK ON BUILDING <input type="radio"/> NO <input type="radio"/> YES    (PHOTOS REQUIRED. PLEASE ATTACH)				
VALUATION OF PROPOSED WORK  \$	EXISTING # OF RESIDENTIAL UNITS	# OF STORIES:	<input type="radio"/> SFD/DUPLEX <input type="radio"/> APARTMENTS <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL	
	PROPOSED # OF UNITS	FIRE SPRINKLER <input type="radio"/> YES <input type="radio"/> NO		
PROPERTY OWNER'S NAME			PROPERTY OWNER'S PHONE NUMBER	
PROPERTY OWNER'S ADDRESS (street, city and zip code)				
PERSON SUBMITTING PLANS / CONTACT PERSON		PHONE NUMBER	EMAIL	
ARCHITECT'S/DESIGNER'S NAME		PHONE NUMBER	EMAIL	
CONTRACTOR'S LICENSE NUMBER		SIGNATURE OF APPLICANT	DATE	

I ACKNOWLEDGE THAT REFUNDS ARE LIMITED PER Section 107.6 of O.B.C.. \_\_\_\_\_ INITIAL \_\_\_\_\_ DATE \_\_\_\_\_