



DEVELOPMENT SERVICES DEPARTMENT

Building Safety Division

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

APP #: _____

SUBMITTAL DATE: _____

TARGET DATE: _____

EXP DATE: _____

PROJECT ADDRESS	SUBDIVISION	LOT #

PROJECT INFORMATION				
DESCRIPTION OF WORK		PROJECT DATA (CHECK ALL THAT APPLY)		
		<input type="checkbox"/> NEW BLDG. _____ sq. ft.	<input type="checkbox"/> ADDITION _____ sq. ft.	
		<input type="checkbox"/> INT. ALT. _____ sq. ft.	<input type="checkbox"/> DEMO. _____ sq. ft.	
VALUATION	COMMERCIAL / RESIDENTIAL	CONSTRUCTION TYPE	FIRE SPRINKLERS	# OF STORIES
\$			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPANCY CLASSIFICATION(S)	CURRENT USE	PROPOSED USE	DO CIVIL IMPROVEMENTS EXCEED \$50,000?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

APPLICANT INFORMATION			
APPLICANT / COMPANY NAME		EMAIL ADDRESS	PHONE NUMBER
ADDRESS		CITY / STATE	ZIP CODE
<input type="checkbox"/> Agent for Owner/Builder (Authorization Letter and Owner-Builder Declaration will be required at time of permit issuance)			
<input type="checkbox"/> Agent for Contractor (A current, original, notarized letter, dated within the past year will be required to be on file at time of permit issuance)			
<input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Developer <input type="checkbox"/> Engineer <input type="checkbox"/> Owner <input type="checkbox"/> Owner-Builder <input type="checkbox"/> Tenant			

PROPERTY OWNER			
NAME		EMAIL ADDRESS	
ADDRESS	CITY / STATE	ZIP CODE	PHONE NUMBER

CONTRACTOR			
NAME		EMAIL ADDRESS	
ADDRESS	CITY / STATE	ZIP CODE	
STATE LICENSE NUMBER	LICENSE CLASSIFICATION	PHONE NUMBER	

ARCHITECT / ENGINEER			
NAME		STATE LICENSE NUMBER	EXPIRATION DATE
ADDRESS	CITY / STATE	ZIP CODE	PHONE NUMBER

TENANT	
NAME	PHONE NUMBER

Applicant Statement: I certify that I have read this application and state that all information is correct. 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. During the course of construction I will take steps to preserve all survey monuments. I understand that approval of a permit does not signify compliance with the American with Disabilities Act. I agree to save, indemnify and keep harmless the City of Manteca against liabilities, judgments, costs and expenses which may accrue against said City on consequence of the granting of this permit.

Applicant Signature_____
Print Applicant Name_____
Date