



CITY OF ARTESIA

COMMUNITY DEVELOPMENT DEPARTMENT
 18747 Clarkdale Avenue, Artesia, CA 90701 Phone: 865.6262

General Information				PERMIT NUMBER		<i>Authorization</i>	
						<i>Plan Check</i>	<i>Planner</i>
PROJECT ADDRESS (NOT MAILING ADDRESS)				PROJECT NAME (IF ANY)			
LEGAL DESCRIPTION (i.e. Lot, Block, Tract, APN, etc.)							
DOING BUSINESS AS (DBA)				SUBMITTAL DATE			
APPLICANT LAST NAME, FIRST NAME				<input type="checkbox"/> OWNER		<input type="checkbox"/> DESIGN PROFESSIONAL	
				<input type="checkbox"/> AGENT FOR		<input type="checkbox"/> LESSEE/TENANT	
APPLICANT MAILING ADDRESS				EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX	
1) DESIGN PROFESSIONAL LAST NAME, FIRST NAME				<input type="checkbox"/> ARCHITECT		<input type="checkbox"/> CIVIL	
				<input type="checkbox"/> STRUCTURAL		<input type="checkbox"/> OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS				DESIGN PROFESSIONAL EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX	
2) DESIGN PROFESSIONAL LAST NAME, FIRST NAME				<input type="checkbox"/> ARCHITECT		<input type="checkbox"/> CIVIL	
				<input type="checkbox"/> STRUCTURAL		<input type="checkbox"/> OTHER	
DESIGN PROFESSIONAL MAILING ADDRESS				DESIGN PROFESSIONAL EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX	
PROPERTY OWNER LAST NAME, FIRST NAME							
PROPERTY OWNER MAILING ADDRESS				EMAIL ADDRESS			
CITY		STATE	ZIP	PHONE		FAX	
<i>DESCRIPTION OF WORK</i>							

We the undersigned declare under penalty of perjury under the laws of the State of California, that (I am/we are) the owner(s) or authorized representative(s) of the property in this application; that the information on all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are, in all respects, true and correct.

SIGNATURE	PRINT NAME	DATE
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This information is available in an alternative format by request to (562) 865-6262. For an electronic version of this document visit our website at <https://www.cityofartesia.us/>



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Building			SUBMITTAL TYPE				PROJECT NUMBER	
			<input type="checkbox"/> REGULAR <input type="checkbox"/> EXPEDITED <input type="checkbox"/> OTC <input type="checkbox"/> NR					
CONTRACTOR LAST NAME, FIRST NAME			STATE LICENSE NO. & TYPE			EXP. DATE		
CONTRACTOR MAILING ADDRESS			CONTRACTOR EMAIL ADDRESS					
CITY		STATE	ZIP	PHONE		FAX		
CITY BUSINESS LICENSE # (IF KNOWN)		EXP. DATE		TYPE OF BUSINESS		CITY PIN		
PROJECT SCOPE (CHECK ALL BOXES THAT APPLY)								
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION/REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE/OCCUPANCY								
TYPE OF CONSTRUCTION			PRESENT USE/OCCUPANCY			PROPOSED USE/OCCUPANCY		
# DWELLING UNITS		# OF STORIES		BUILDING HEIGHT		CBC EDITION USED		
FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE STANDPIPES YES <input type="checkbox"/> NO <input type="checkbox"/>		SMOKE CNTRL <input type="checkbox"/> YES <input type="checkbox"/> NO		
VALUATION COVERED BY APPLICATION \$			OFFICE USE ONLY					
SQUARE FOOTAGE OF PROJECT:			RESIDENTIAL			NON-RESIDENTIAL		
			Remodel/ Additions	New Construction	Demolition/ Removal	Remodel/ Additions	New Construction	Demolition/ Removal
Existing: _____								
New/Add/Remodel: _____								
Demolition/Removal: _____								
GRADING PERMIT (IN CUBIC YARDS)								
CUT: _____		FILL: _____		EXPORT: _____		IMPORT: _____		

FOR DEPARTMENT USE ONLY (REQUIRED BEFORE PERMIT ISSUANCE)

C&D DEPOSIT REQUIRED (YES/NO) (IF YES ATTACH FORM) DEPOSIT REQUIRED: \$ _____ ADMIN FEE REQUIRED: \$ _____ TOTAL FEE REQ: \$ _____ Applicant Signature <input type="checkbox"/> PAID <input type="checkbox"/>			DEVELOPMENT IMPACT FEES (YES/NO/EXEMPT) FEE REQUIRED: _____ PAID <input type="checkbox"/>			BUILDING PERMIT FEES REQUIRED (YES/NO) TOTAL FEE REQUIRED: _____ PAID: <input type="checkbox"/>		
ZONE _____			PLANNING APPROVED PLAN REQ'D : Yes/No <input type="checkbox"/>			<input type="checkbox"/> LID Required (Yes / No) : Case No. _____ <input type="checkbox"/> Preliminary/Final WQMP: Case No. _____ <input type="checkbox"/> WELO Required (Yes /No): Case No. _____		
SETBACKS F S R			PLANNING REVIEW (PLAN CHECK) REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO			PLANNING ENTITLEMENTS <input type="checkbox"/> INCOMPLETE (Not ready for Plan Check Submittal) <input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT REQUIRED		
REFERRAL LIST: (YES/NO) (REQUIRED, ATTACHED TO APPLICATION)		BUILDING PLAN CHECK CLEARANCE (INIT) & DATE		PLANNING APPR (INIT) & DATE		SUBMITTAL TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTC <input type="checkbox"/> NR		