



City of Capitola Application for Building Permit

420 Capitola Avenue
Capitola, CA 95010
Voice/TDD 831.475.7300
Fax 831.479.8879
www.ci.capitola.ca.us

PROJECT ADDRESS: _____

PERMIT: _____

ISSUED: _____

TYPE: _____

APPLICATION DATE: _____

OWNER:
Address: _____
City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
TENANT:
Phone: _____ Fax: _____
Email: _____
DESCRIPTION OF WORK:

CONTRACTOR:
Address: _____
City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
License: _____ Class: _____
DESIGNER:
Address: _____
City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
License: _____

VALUATION: \$ _____

I certify that I have read this application and state that the above 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 this city to enter upon the above mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT: _____ DATE _____

PLEASE PRINT NAME: _____

OFFICE USE ONLY

Log in	
Call for plan check fee	
Plan check fee paid	
Call with comments	
Back	
Call ready to issue	
Planning	Modification notice
Public Works	Owner Agent form
Central Fire	Business License
Sanitation	Workman's Comp.
Health	11 x 17 Reduced plan
School	
Other	

APN: _____

OCCUPANCY GROUP: _____

CONSTRUCTION TYPE: _____

ZONE V : .60 x _____ sqft = \$ _____

BUILDING PERMIT: _____

PLAN CHECK: _____

SEISMIC: _____

OTHER: _____

PLANNING FEES: _____

TOTAL FEES: _____

REMAINING FEES: _____