



# 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: \_\_\_\_\_

<b>OWNER:</b>	
Address: _____	
City: _____	Zip: _____
Phone: _____	Fax: _____
Email: _____	
<b>TENANT:</b>	
Phone: _____	Fax: _____
Email: _____	
<b>DESCRIPTION OF WORK:</b>	

<b>CONTRACTOR:</b>	
Address: _____	
City: _____	Zip: _____
Phone: _____	Fax: _____
Email: _____	
License: _____	Class: _____
<b>DESIGNER:</b>	
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: \_\_\_\_\_