



Development Services Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 264-5011

www.cityofsacramento.org/dsd



Application for Building Permit FACILITY PERMIT PROGRAM

Activity #:	Inspection Area:
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Applicant MUST complete ALL Unshaded areas

ADDRESS _____ **SUITE** _____
PARCEL # _____

RESPONSIBLE PARTY		LICENSED CONTRACTOR Lic. # _____	
Name _____		Name _____	
Street Address _____		Street Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____ FAX _____		Phone _____ FAX _____	
E-mail _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____		Name _____	
Street Address _____		Street Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____ FAX _____		Phone _____ FAX _____	
E-mail _____		E-mail _____	

→ Will permittee have any employees on the jobsite? Yes No **INSURANCE CO:** _____

→ **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: _____

OCCUPANT/TENANT: _____ **VALUATION: \$** _____

INSPECTION DISCIPLINES (CIRCLE THOSE REQUIRED)			BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories	1 st flr Area.	Total Area	Use Zone		Occp Group		Const type		Fire Req. Y / N		SPR		ALARM	
ROUTING	B	L	P	M	E	F	S	DR	DE	UTIL				

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

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