



CITY OF UNION CITY

Building Permit Application



JOB ADDRESS:

Union City, CA 94587

APPLICANT:

Name of Company: <i>(if applicable)</i>		
Contact Name:		
Address:		
City:	State:	Zip:
Phone Number:		
Contractor's License #/C. Type <i>(if applicable)</i> :		Expiration Date:

OWNER/AGENT:

Same as Applicant

Name/Company:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone #:		

CONTRACTOR:

Same as Applicant

Name/Company:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone #:		
Contractor's License #/C. Type <i>(if applicable)</i> :		Expiration Date:

ENGINEER:

Same as Applicant

Name/Company:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone #:		
Contractor's License #/C. Type <i>(if applicable)</i> :		Expiration Date:

ARCHITECT:

Same as Applicant

Name/Company:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone Number:		
Contractor's License #/C. Type <i>(if applicable)</i> :		Expiration Date:

DESCRIPTION OF WORK TO BE DONE:

VALUATION:

\$ _____

TYPES OF PERMITS:

<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire-Related
<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Sign

EXISTING BUILDING SPRINKLERED?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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OCCUPANCY TYPE (s):

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CONSTRUCTION TYPE:

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ZONING:

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For Office Use Only

Valuation Calculations:

Description	Sq. Ft.	Factor	=	\$
_____	_____	X _____	=	_____
_____	_____	X _____	=	_____
_____	_____	X _____	=	_____
TOTAL VALUATION:				\$ _____