



**DEVELOPMENT SERVICES**  
**BUILDING & SAFETY**  
**PLAN REVIEW & PERMIT APPLICATION**

44933 N. Fern Avenue  
 Lancaster, CA 93534  
 (661)723-6144

Permit Type		APN		Lot		Tract	
Job Address				Cross Street			
Building Area (Sq. Ft.)		Type of Use		Occupancy Group		Construction Type	
<b>PROPERTY OWNER</b>				<b>APPLICANT</b>			
Address				Address			
City		State		Zip		City	
State		Zip		City		State	
Phone ( )		Fax ( )		E-mail		Phone ( )	
Fax ( )		E-mail		Phone ( )		Fax ( )	
E-mail		Phone ( )		Fax ( )		E-mail	
<b>CONTRACTOR</b>				<b>ARCHITECT/ENGINEER</b>			
Address				Address			
City		State		Zip		City	
State		Zip		City		State	
Phone ( )		Fax ( )		E-mail		Phone ( )	
Fax ( )		E-mail		Phone ( )		Fax ( )	
E-mail		Phone ( )		Fax ( )		E-mail	
State License No.		City License No.		State License No.		City License No.	

**Description of Work including marking items below:**

ELECTRICAL	PLUMBING	MECHANICAL
Enter Quantity: <input type="checkbox"/> Single Phase Service <input type="checkbox"/> Three Phase Service <input type="checkbox"/> Sub Panel <input type="checkbox"/> Outlet / Box <input type="checkbox"/> Light / Switch <input type="checkbox"/> Generator Installation _____ kW <input type="checkbox"/> Swimming Pool / Spa <input type="checkbox"/> Temporary Pole <input type="checkbox"/> Temporary Service	Enter Quantity: <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Building Sewer / Septic System <input type="checkbox"/> Clarifier <input type="checkbox"/> Drain Vent Repair / Alterations <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Ejector Pump <input type="checkbox"/> Fire Sprinklers (New) <input type="checkbox"/> Fire Sprinklers (T.I. - <= 10 heads) <input type="checkbox"/> Fixtures <input type="checkbox"/> Gas System _____ outlets <input type="checkbox"/> Grease Trap <input type="checkbox"/> Greywater System <input type="checkbox"/> Medical Gas System _____ outlets <input type="checkbox"/> Roof Drain – Rainwater System <input type="checkbox"/> Solar Water System Fixtures <input type="checkbox"/> Swimming Pool/Spa Piping & Gas <input type="checkbox"/> Tank Installation (Aboveground) <input type="checkbox"/> Tank Installation (Underground) <input type="checkbox"/> Tank Removal (Underground) <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Pipe Repair/Replacement <input type="checkbox"/> Water Service (New) <input type="checkbox"/> Water Service (Replacement)	Enter Quantity: <input type="checkbox"/> A/C (Residential) <input type="checkbox"/> Air Handler w/ ducts < 10k CFM <input type="checkbox"/> Air Handler w/ ducts > 10k CFM <input type="checkbox"/> Appliance Vent / Chimney (only) <input type="checkbox"/> Boiler < 2 MBTU <input type="checkbox"/> Boiler > 2 MBTU <input type="checkbox"/> Chiller <input type="checkbox"/> Duct Work only <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Exhaust Hood (Type I Grease) <input type="checkbox"/> Exhaust Hood (Type II Steam) <input type="checkbox"/> Exhaust Hood (Residential) <input type="checkbox"/> Fan Coil Unit <input type="checkbox"/> Furnaces (FAU, Floor) <input type="checkbox"/> Gas System _____ outlets <input type="checkbox"/> Heat Pump (Package Unit) <input type="checkbox"/> Heater (Unit, Radiant, etc.) <input type="checkbox"/> Heater (Wall) <input type="checkbox"/> Kiln <input type="checkbox"/> Make-up Air System <input type="checkbox"/> Moisture Exhaust Duct (clothes dryer) <input type="checkbox"/> Non-Residential Incinerator <input type="checkbox"/> Refrigeration Compressor <input type="checkbox"/> Refrigerator Condenser Remote <input type="checkbox"/> Spray Booth <input type="checkbox"/> VAV Box (Including Duct Work) <input type="checkbox"/> Vent Fan (Single Duct) <input type="checkbox"/> Vent System <input type="checkbox"/> Walk-In Box / Refrigerator Coil
<b>SOLAR</b>		
Type of Use (Check one): <input type="checkbox"/> 1-2 Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other		
Enter Information: <input type="checkbox"/> Panel Upgrade? (Y/N) <input type="checkbox"/> Number of PV Modules <input type="checkbox"/> Total Roof Area (Sq. Ft.) <input type="checkbox"/> Total Panel Area (Sq. Ft.) <input type="checkbox"/> Roof or Ground Mounted? <input type="checkbox"/> Subpanel? (Y/N) <input type="checkbox"/> Total Inverter Power (kW) <input type="checkbox"/> Number of Inverters		