



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	
PROPERTY OWNER				APPLICANT			
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	
CONTRACTOR				ARCHITECT/ENGINEER			
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
SOLAR		
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		