



CITY OF AGOURA HILLS
BUILDING & SAFETY DIVISION
 30001 LADYFACE COURT
 AGOURA HILLS, CA 91301

PHONE: (818) 597-7334
 FAX: (818) 597-7352
 www.AgouraHillsCity.org

BUILDING PERMIT APPLICATION

PROJECT ADDRESS:		APN:	Date: / /	Office use only: Permit No:
BLDG TYPE: <input type="checkbox"/> SFD / DPLX <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> APARTMENT / CONDO		SCOPE OF CONSTRUCTION:	<input type="checkbox"/> ALTERATION / REPAIR <input type="checkbox"/> ADDITION <input type="checkbox"/> NEW <input type="checkbox"/> DEMO <input type="checkbox"/> TENANT IMPROVEMENT <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER _____	
For Commercial Properties Tenant Name:		Sprinklered Building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORK TO INCLUDE: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Sewer <input type="checkbox"/> Demo <input type="checkbox"/> Other _____		SEPARATE WORK: <input type="checkbox"/> Grading <input type="checkbox"/> Right of Way Encroachment If checked, please contact the Public Works Dept.		
Applicant: Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer <input type="checkbox"/> Tenant <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/>				
Applicant Name:		Address:	Email:	Phone
Owner's Name:		Address:	Email:	Phone
License #:				
Architect's Name:		Address:	Email:	Phone
License #:				
Engineer's Name:		Address:	Email:	Phone
License #:				
Contractor's Name:		Address:	Email:	Phone
License #:				
Description of work:				
Cost of Construction: (incl. all materials & labor costs) \$		Revised Valuation: \$		
This may be revised by the Building Official		Office use only		
Current Use:	Proposed use:	Const type:	Occupancy Group	No. of Stories
Code edition used				
New Square Footage	Dwelling:	Garage:	Porch/Patio/Trellis/Balcony:	Addition:
				Alter/remodel/T.I.:
				Demo:
Submittal:	Drawings: <input type="checkbox"/>	Calcs: <input type="checkbox"/>	Energy Calcs: <input type="checkbox"/>	Truss Calcs: <input type="checkbox"/>
				Soils Report: <input type="checkbox"/>
				Other: <input type="checkbox"/>

PLEASE FILL IN ALL THAT APPLY TO YOUR PROJECT

WALLS	ROOFS	TRELLIS / PATIO	FIREPLACE	SIGNS	NEW POOL/SPA
BLOCK	Type:	Attached:	Site Built: Y N	Type of sign	SF Pool
Block size:	Squares:	SF Trellis	Type:	SF wall sign	SF Spa
Height:	Weight per SF	SF Solid Cover	Pre-fab: Y N	Monument sign	SOLAR
Length:	Sheathing SF	SF Aluminum	Type:	UL Listed? Y N	Rooftop Y N
SF	Mfg:	ICC#	ICC#	Illuminated? Y N	Ground Mount Y N
RETAINING	ICC#	Free Standing:	Height:		Kilowatts DC
Block size:	Color:	SF Trellis	WINDOW / DOOR REPLACEMENT	EVCS	# of Panels
Height:	DECK/BALCONY	SF Solid Cover	# of windows	Residential	Service Panel Upgrade Y N
Length:	SF deck:	SF Aluminum	# of Sliding	Commercial	Battery Backup Y N
SF	SF balcony:	ICC #	# of Ext. Doors	Charging Level	Solar Designer:



ZONING CLEARANCE

30001 Ladyface Court
Agoura Hills, CA 91301
(818) 597-7300

Date _____

PROJECT INFORMATION

Assessor's Parcel No.: _____ Map No.: _____ Lot No.: _____

Zoning: _____

Homeowners Association: Required Not Required Name of HOA: _____ Rec'd: _____

Business License: Required Not Required Type: _____ Submitted: _____

SITE PLAN

Project Description: _____

CODE REQUIREMENTS

Proposed Use and Scope of Work:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> New |
| <input type="checkbox"/> Office | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Gym/Studio | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Accessibility |

Setbacks:

Front: _____ Rear: _____

Sides Left: _____ Right: _____

Square Footage:

Proposed: _____ Existing: _____

Building Height:

Proposed: _____ Maximum: _____

Lot Coverage:

Proposed: _____ Maximum: _____

Reference Case No:

Conditions of Approval Attached

Oak Trees:

OTP Required: _____

OTP Case No: _____

Grading:

Grading Quantities: _____ cu.yd.

PARKING

Non-Residential

Office _____ Medical _____ Restaurant _____
1/300 sq.ft. 1/200 sq.ft. 15/1000 sq.ft.

Showroom _____ Industrial _____ Retail/Gym/Studios _____ Other _____
1/750 sq.ft. 1/500 sq.ft. 1/250 sq.ft. 1/_____ sq.ft.

Residential

- 2 Enclosed Spaces
(20'x20' clear space)
- 1 Covered Space
(12'x20' min space size)

I, the applicant, agree to the above-mentioned conditions and certify that the information provided is true and accurate.

Applicant's Signature: _____

Date: _____

Planner's Signature: _____

Date: _____