



**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: \_\_\_\_\_