



BUILDING & SAFETY DIVISION
30001 Ladyface Court
Agoura Hills, CA 91301

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BUILDING PERMIT APPLICATION

PROJECT ADDRESS:		AIN:	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		Contractor's License #
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"/> ROW Encroachment If checked, please contact the Public Works Dept.		City Business License #	
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:		Mailing Address:		Email:	
Property Owner(s) Name(s):		Mailing Address:		Email:	
Architect or Engineer Name and License #:		Mailing Address:		Email:	
Contractor Name:		Mailing Address:		Email:	

Description of work:

Cost of Construction \$: Incl. all materials & labor costs May be revised by the Building Official			Revised Valuation: \$ Office use only		
Current Use:		Proposed use:		Const type:	Occupancy Group:
No. of Stories:	Code edition used (Yr):	Square Footage:	Dwelling:	Garage:	Porch/Patio/Trellis/Balcony:
Addition:	Alter/remodel/T.I.:	Demo:	Structural Calcs:	Energy (Title 24) Calcs:	Truss Calcs:
Soils Report:	Other (list):	Submittal Documents:	Drawings/Plans:	Structural Calcs:	Energy (Title 24) Calcs:

PLEASE FILL IN ALL THAT APPLY TO YOUR PROJECT

WALLS		ROOFS		TRELLIS / PATIO		ADU		SIGNS		NEW POOL/SPA	
Free-Standing	<input type="checkbox"/>	Type:		Attached:	<input type="checkbox"/>	# of bedrooms		Monument SF:		Pool SF:	
Retaining	<input type="checkbox"/>	Squares:		Free Standing:	<input type="checkbox"/>	Attached sf		Wall Sign SF:		Spa SF:	
Height:		Weight/SF:		Solid Cover SF:		Detached sf		Illuminated?	Y N	SOLAR	
Length:		Sheathing SF:		Trellis Cover SF:		Garage Conversion sf:		UL Listed?	Y N	Rooftop	Y N
SF:		Mfg./ICC:		Aluminum SF:						Ground Mount	Y N
Block size:		Color:		ICC#						Kilowatts DC	
MECHANICAL		SERVICE PANEL UPGRADE		DECK / BALCONY		WINDOW / DOOR REPLACEMENT		EVCS		# of Panels	
New	Y N	Amps from/to		Deck SF		# of windows		Residential		Service Panel Upgrade Y N	
Relocate	Y N	New	Y N	Balcony SF:		# of sliders		Commercial		Battery Backup Y N	
Ducts linear feet		Replace	Y N			# of Ext. Doors		Charging Level			



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:

Retail New
 Office Remodel
 Medical Addition
 Restaurant Equipment
 Gym/Studio Signage
 Residential 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				Residential	
Office _____ 1/300 sq.ft.	Medical _____ 1/200 sq.ft.	Restaurant _____ 15/1000 sq.ft.		<input type="checkbox"/> 2 Enclosed Spaces (20'x20' clear space)	
Showroom _____ 1/750 sq.ft.	Industrial _____ 1/500 sq.ft.	Retail/Gym/Studios _____ 1/250 sq.ft.	Other _____ 1/_____ sq.ft.	<input type="checkbox"/> 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: _____