



**City of Oxnard Permit Center**  
 214 South C Street  
 Oxnard, California 93030  
 (805) 385-7925

FOR DEPARTMENT USE ONLY
<b>APPLICATION NUMBER</b>
<b>PROJECT VALUATION</b>

**PERMIT APPLICATION (PLEASE COMPLETE ALL APPLICABLE SPACES)**

<b>PROJECT</b> ADDRESS:	TRACT:	LOT NO.:	AP NO.:
OWNER'S NAME:	PHONE:		
ADDRESS:	CONTACT		
PERSON:	PHONE:		
MAILING ADDRESS:	FAX:		
ARCH. ENG. OR DESIGNER:	PHONE:		
MAILING ADDRESS:	STATE LIC. NO.:		
CONTRACTOR	PHONE:		
NAME:	STATE LIC. CLASS		
MAILING ADDRESS:	STATE LIC. NO.:		
	CITY LIC. NO.:		

<input type="checkbox"/> <b>BUILDING</b> [Describe WHAT'S being BUILT; Include Use(s) and Sizes in Sq. Ft.]	EXISTING
	DWELLING S. F.
	GARAGE S. F.

<input type="checkbox"/> <b>PLUMBING</b> (Enter No. of Applicable Fixtures / Services / Devices)										
BATH / SHWRS	CLOTHES WASHERS	DISH WASHERS	GARB DISP	LAVS.	SINKS BAR/KITCHEN/OTHER	FLOOR/MOP SINKS	TOILETS URINALS	WTR HTRS	ROOF/FLOOR DRAIN	SHOWER PAN
BLDG SEWER	GREASE TRAPS	SAMPLE WELLS	WATER SYS	LAWN SPKLR	BACKFLOW DEVICES	GAS FUEL OUTLETS	POOL / SPA IN-GROUND ABOVE		LAUNDRY TRAY	MISC

<input type="checkbox"/> <b>MECHANICAL</b> (Enter No. of Applicable Items, BTUH, TONS, CFM, Where Required)									
HEATING SYSTEM	AIR CONDT SYSTEM	DUCT ONLY (Branches)	EVAP COOLER	AIR-HANDLERS	EXHAUST FANS	HOODS	PROCESS PIPING HZDRS NON GAS		

<input type="checkbox"/> <b>ELECTRICAL</b> (Enter No. of Applicable Items, AMPS, HP, ETC, Where Required)									
SERVICE / SUB-PNLS	TEMP. POWER		MOTORS		NEW RESIDENCE	OUTLETS	SIGNS (CKTS)	GENERATORS	
AMPS NO.	MAIN SUB.	H.P.	NO.	S.F.	SWITCHES	LIGHT FIXTURES	POOL / SPA	NO.	WATTS
NEW SERVICE?	TYPE (POLE/PEDESTAL)	TRANSFORMERS	NO.	GAR, S.F.				MISC	

<input type="checkbox"/> <b>SIGNS</b>	NO.	TYPE	AREA (SF)	ILLUMINATED <input type="checkbox"/>	NO. OF CIRCUITS	NON-ILLUMINATED <input type="checkbox"/>
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<input type="checkbox"/> <b>FIRE PERMIT</b>	UNDERGROUND LENGTH ±	OVERHEAD AREA (SF)	NEW TENANT IMPR <input type="checkbox"/>	FIRE SUPPRESSION SYSTEM <input type="checkbox"/>	ALARM SYSTEM <input type="checkbox"/>	NO. OF DEVICES
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**SPECIAL CONDITIONS** (Or Item Extensions of Above)

**NOTE: CASH OR CHECK ONLY FOR FEE PAYMENTS.**

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the above mentioned property for inspection purposes. I am the owner of the structure listed on this permit or I represent the owner and am acting with the owner's full knowledge and consent.

Executed at City of Oxnard \_\_\_\_\_ Date \_\_\_\_\_ Owner / Contractor Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> PATIO COVER	<input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> POOL / SPA	<input type="checkbox"/> FENCE <input type="checkbox"/> REROOF	USE OF BLDG.	RESIDENTIAL <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HOTEL/MOTEL	COMMERICAL <input type="checkbox"/> RETAIL <input type="checkbox"/> OFFICE <input type="checkbox"/> RESTAURANT <input type="checkbox"/> MEDICAL	<input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	NEW BLDG. / SQ. FT.	DECK PATIO / SQ. FT.
ZONING	PLANNING PMT. NO.	NO. OF BEDROOMS	TYPE CONST.	OCCUP. GRP.	MAX. OCCUP. LOAD	NO. OF STORIES	NO. OF UNITS	ADDITION / SQ. FT.	AREA EXIST. DWLG
APPROVALS	REQ'D.	NOT REQ'D.	DATE	APPROVED BY	REMARKS				
BUILDING									GAR.
PLANNING								REM. AREA / SQ. FT.	PATIO COVER / SQ. FT.
FIRE								TENANT IMPROVEMENT / SQ. FT.	OTHER
ELECTRICAL								ACCESS BLDG. / SQ. FT.	OTHER
PARKS									
SOURCE CONTROL									
PERMIT APPROVED FOR ISSUANCE					ISSUED BY				