CITY OF OXNARD CALIFORNIA

SMALL BUSINESS PERMIT ASSISTANCE PROGRAM - PROJECT DATA SHEET

TO REQUEST A TIME FRAME PLEASE SEND REQUEST TO LIZETTE AT
SMALLBUSINESS@OXNARD.ORG
FAX (805) 385-3959

PROJECT ADDRESS: _____

CONTACT: _____ PHONE _____

E-MAIL : _____

SCOPE OF WORK: _____

_____

PROJECT DESCRIPTION

☐ T.I. ☐ OTHER (SPECIFY) _____

SQ FT. _____ OCCUPANCY _____

GOAL OF MEETING:

☐ **PERMIT AT MEETING** ☐ **INFORMATION ONLY** ☐ **PRE-SUBMITTAL REVIEW** ☐ **PLAN CHECK**

DOES THE CLIENT HAVE A SET OF PLANS CURRENTLY? YES (___ SETS) ___ NO

PLEASE NOTE: DESIGN BUILD NOT PERMITTED; WORK COMPLETED WITHOUT PERMITS CA NOT BE LEGALIZED THROUGH THIS PROCESS.

SCOPE OF WORK (PLEASE CHECK ALL THAT APPLY)

☐ PARTITIONS
☐ ELECTRICAL
☐ MECHANICAL
☐ ROOFTOP EQUIPMENT
☐ SPRINKLERS
ALTERATIONS **YES** ___**NO**___
☐ PLUMBING (PLUMBING OTHER THAN RESTROOMS OR BAR SINK?)
SPECIFY: _____
☐ CHANGE OF USE
SPECIFY: _____
☐ EXTERIOR MODIFICATIONS

☐ FOOD ESTABLISHMENTS
☐ MEDICAL
X-RAY **YES** ___**NO**___
MEDICAL GAS **YES**___**NO**___
OSHPD CLINIC **YES** ___**NO**___
SPECIFY:_____
☐ MULTIPLE ☐ SINGLE TENANT IN BUILDING
☐ DOES THE PROJECT REQUIRE STRUCTURAL CALCULATIONS
☐ DESIGN PROFESSIONAL
NAME:_____

PLANS NEED TO BE SUBMITTED BY TUESDAY AT NOON THE WEEK OF THE SCHEDULED MEETING, IF NOT SUBMITTED THE MEETING IS SUBJECT TO CANCELLATION

DEPARTMENT USE ONLY

DATE:_____ TIME: _____ SET BY:_____

☐ BUILDING ☐ PLANNING ☐ ELECTRICAL ☐ FIRE ☐ SOURCE CONTROL