



# City of Pomona — Building and Safety Division

## Plan Check/Permit Application

Project Address: _____	
Project Owner: _____	Contractor/Engineer/Architect/Other: _____
Address: _____	Contractor's License # _____ Class Code: _____
City/State/Zip Code _____	Address: _____
Phone Number: _____	City/State/Zip Code _____
Email: _____	Phone Number/ Email: _____

**PLEASE INDICATE ANY AND ALL PARTIES REQUESTED FOR NOTIFICATION ON THIS PROJECT.**

**Contact:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Description of Work: \_\_\_\_\_ Please check one:  **COMMERCIAL**  **RESIDENTIAL**

*The following questions must be answered.*

Does your existing residence have fire sprinklers?  YES  NO  
 Is the project at a Public School building?  YES  NO  
 Is the project at a Mobile Home community?  YES  NO  
 Will the project involve soil disturbance?  YES  NO

<u><b>BUILDING</b></u>	<u><b>ELECTRICAL</b></u>	<u><b>MECHANICAL</b></u>	<u><b>PLUMBING</b></u>
Type of Construction _____ Occupancy Type: _____ # of Stories _____ <b>Project Valuation \$:</b> _____  <b>New</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Shell <input type="checkbox"/> Commercial _____ sq. ft. _____ sq. ft.  <b>Addition</b> <input type="checkbox"/> Room <input type="checkbox"/> Balcony/Deck <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Commercial _____ sq. ft. _____ sq. ft.  <b>Alteration</b> <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Remodel _____ sq. ft.  <b>Block Wall</b> <input type="checkbox"/> Retaining <input type="checkbox"/> Non-Retaining _____ sq.ft _____ Height  <b>Windows/Sliding Doors</b> Windows _____ Sliding Doors _____  <b>Exterior</b> Stucco/Siding _____ Sq. Ft.	<b>Services/Switchboards</b> <input type="checkbox"/> Service Panel <input type="checkbox"/> Sub-Panels Under 400 amps _____ 400 to 1000 amps _____ Over 1000 amps _____ Branch Circuits/Breakers _____  <div style="border: 1px dashed black; padding: 2px;"> <b>For New/Additions to Residential Only:</b>            # of Branch Circuits/Breakers _____  <b>OR</b>            Outlets/Switches _____ Fixtures _____         </div> <b>Power Apparatus/Transformers</b> 3-10HP _____ 11-50HP _____ 51-100HP _____ Over 100HP _____ Fixed Res. Appliances _____ Fixed Non- Res Appliances _____ Outlets/Switches _____ Fixtures _____ Portable Generator _____ Temp. Distribution Pole _____ Pole/Platform Mounted _____ Misc Conduits (rewire) _____	<b>FAU/Furnace/Boilers/Wall Heaters</b> Under 100,000 BTUs _____ 100,001-500,00 BTUs _____ Over 500,000 BTUs _____  Air Inlet/Outlet(Ducts) _____  <b>Air Handler/Condensers</b> Under 2,000 CFMs _____ 2,001-10,000 CFMs _____ Over 10,001 CFMs _____  Appliance Vent _____ Evaporative Cooler _____ Ventilation Fan(s) _____ Ventilation System(s) _____ Commercial Kitchen Hood(s) _____ Spray Booth _____  Alter Duct System _____ Ducts _____  <b>CELL SITE</b> <input type="checkbox"/> New <input type="checkbox"/> Modification Carrier _____ <b>Valuation \$</b> _____	Plumbing Fixtures _____ Dishwasher _____ Waste Inlets _____ Roof Drains _____ Backwater Valves/Devices _____ Interceptors _____ Regulators _____ Water Heaters _____ Repipe _____ Outlets _____ Water Treat Equip(Main Line) _____ Grey Water Systems _____  <b>Gas Systems</b> Gas Meter _____ <input type="checkbox"/> Low Pressure <input type="checkbox"/> Medium Pressure <input type="checkbox"/> High Pressure Gas Appliance Outlet(s) _____  <b>Sewer</b> <input type="checkbox"/> Connection <input type="checkbox"/> Disconnection <input type="checkbox"/> Repair/Alteration
<b>REROOF</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <div style="border: 1px dashed black; padding: 2px;"> <b>Commercial Only:</b>            NRCC Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No         </div> # of Sqs. _____ Material _____ Garage Included <input type="checkbox"/> Yes <input type="checkbox"/> No Tear-off <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Valuation: \$</b> _____	<b>DEMOLITION</b> Sq. Ft. _____ # of Structures: _____ Entire Building <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer Cap <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Valuation \$:</b> _____  <b>SOLAR PANELS</b> Kilowatts _____ # of Panels: _____ <input type="checkbox"/> Panel Upgrade: _____ amps # of Branch Circuits/Breakers _____ <b>Valuation \$</b> _____	<b>STORAGE RACKS</b> Sq. Ft. _____ Height _____ <b>Valuation \$</b> _____  <b>PATIO COVER</b> <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Lattice <input type="checkbox"/> Covered Roof <b>Sq. Ft.</b> _____	<b>POOL/SPA</b> <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Gunite <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass Sq. Ft. _____ <b>Valuation \$</b> _____  <b>SIGNS</b> <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-illuminated <input type="checkbox"/> Channel Letters <input type="checkbox"/> Monument  <b>Wording:</b> _____  <b># of Signs:</b> _____ <b>Valuation \$</b> _____

*This application must be signed for permit issuance.*

Applicant Name: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_