

CITY OF LAGUNA HILLS PERMIT/PLAN CHECK APPLICATION

Please complete the information below applicable to your project. The Permit Technician will use this form to determine your plan check/permit fees. If the information provided on this form contradicts the plans submitted or work performed additional fees may be due. Plan check fees will be due at time of initial plan submittal. Permit fees will be due at time of permit issuance.

APPLICANT INFORMATION

Applicant is: Architect/Engineer Contractor Property Owner Authorized Agent

Applicant: _____ Company: _____

Email: _____ Phone: _____

Mailing Address: _____

PROJECT INFORMATION

Address/Location: _____

Parcel Number: _____ Parcel Zoning: _____

Description of Work¹: _____

Owner: _____ Contractor Name/License #²: _____

Building Use: Existing _____ Proposed: _____

COMMERCIAL PROJECT

<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition to Existing Structure		<input type="checkbox"/> Tenant Improvement: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	
Occ. Group (1 st) ³		Construction Type ⁴		Square Footage ⁵	Fire Sprinklers <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Existing
Occ. Group (2 nd) ³		Construction Type ⁴		Square Footage ⁵	Fire Sprinklers <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Existing
Occ. Group (3 rd) ³		Construction Type ⁴		Square Footage ⁵	Fire Sprinklers <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Existing
Occ. Group (4 th) ³		Construction Type ⁴		Square Footage ⁵	Fire Sprinklers <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Existing
Electrical ⁶	sf:	# of fixtures:	Mechanical ⁶	sf:	# of fixtures:
Plumbing ⁶	sf:	# of fixtures:			
Site Improvements ⁷	sf:	Demo (total)	sf:	Demo (enclosed buildings) ⁸	sf:
Estimated Total Job Valuation \$					

RESIDENTIAL PROJECT

<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Repair/Replacement
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Single Family	<input type="checkbox"/> Secondary Dwelling Unit	<input type="checkbox"/> Accessory Building	
Estimated Total Job Valuation \$				

New Construction/Additions/Remodels

Occ. Group (1 st)		Construction Type		Square Footage ⁵	Fire Sprinklers <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Existing
Occ. Group (2 nd)		Construction Type		Square Footage ⁵	Fire Sprinklers <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Existing
New Construction	sf:	Garage	sf:	Existing	sf:
Addition	sf:	Remodel	sf:		
Demo (total)	sf:	Demo (enclosed buildings) ⁸	sf:	Balcony/Deck	sf:
Enclosed Patio	sf:				
Patio/Covered Area	sf:	<input type="checkbox"/> Outdoor Fireplace	<input type="checkbox"/> Outdoor Firepit/BBQ	<input type="checkbox"/> New EL Meter Panel	
Retaining Wall				Rooftop Solar PV	Ground Mount Solar PV
<input type="checkbox"/> 3'-6' height <input type="checkbox"/> 6'-10' height	lf:	sf:		<input type="checkbox"/> New Meter Panel	sf:
<input type="checkbox"/> 10' height				<input type="checkbox"/> New Sub-Panel	sf:
New Swimming Pool/Spa	sf:	New Gunite Spa Only	sf:	Existing Pool/Spa Remodel	sf:
Gunite: <input type="checkbox"/> YES <input type="checkbox"/> No					
Electrical ⁶	sf:	# of fixtures:	Mechanical ⁶	sf:	# of fixtures:
Plumbing ⁶	sf:	# of fixtures:			

Repairs/Replacement

Window/Door Replacement	sf:	Stucco/Siding	sf:	Drywall Repair	sf:	Re-roofing	sf:
Existing Pool/Spa		Patio/Covered Area	sf:	Balcony/Deck	sf:	Demo	sf:
<input type="checkbox"/> Demo <input type="checkbox"/> Re-plaster							
Electrical ⁶	sf:	# of fixtures:	Mechanical ⁶	sf:	# of fixtures:	Plumbing ⁶	sf:
						# of fixtures:	

I certify that the above information is complete and correct. If the scope of work changes this application must be updated by the applicant. Plan check applications expire 180 days from the date of application. Permits must be obtained prior to expiration.

Signature of Applicant/Agent _____

Date _____

