

Fax: 831-728-6154

# PLAN CHECK APPLICATION

City of Watsonville  
Building Department  
250 Main Street  
Watsonville, CA 95076  
831-768-3050



DATE: \_\_\_\_\_

APP/PERMIT # \_\_\_\_\_

Received by: \_\_\_\_\_

*Please print clearly and fill in all that apply.*

PROJECT ADDRESS: \_\_\_\_\_ **Watsonville Ca** APN # \_\_\_\_\_

**PROPERTY OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_

**ARCHITECT**    **DESIGNER**    **ENGINEER**

LICENSE / REGISTRATION #: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## PERMIT APPLICATION WORKSHEET

*PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY.*

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ ZONE: \_\_\_\_\_ SPRINKLERS .....  YES .....  NO

**DESCRIPTION OF WORK:** *(Please fill-in and mark all that apply)*

CONSTRUCTION VALUATION: \$ \_\_\_\_\_

**NONRESIDENTIAL**    **RESIDENTIAL**

- |   |  |                                      |   |   |
|---|--|--------------------------------------|---|---|
| <input type="checkbox"/> New Building       | <input type="checkbox"/> Addition          | <input type="checkbox"/> Alteration  | <input type="checkbox"/> Termite/Dry Rot Repair | <input type="checkbox"/> Demolish       |
| <input type="checkbox"/> Move Building      | <input type="checkbox"/> Fire Sprinklers   | <input type="checkbox"/> Sign        | <input type="checkbox"/> Foundation Only        | <input type="checkbox"/> Chimney Repair |
| <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Swimming Pool/Spa | <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Change Order           | <input type="checkbox"/> Other _____    |

Description/Scope of Work: \_\_\_\_\_

**DESCRIPTION OF BUILDING:** *(Please fill-in and mark all that apply)*

- |   |   |                                     |  |   |   |
|---|---|-------------------------------------|--|---|---|
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Single Family        | <input type="checkbox"/> Duplex     | <input type="checkbox"/> Townhouse           | <input type="checkbox"/> Condominium      | <input type="checkbox"/> Apartment Building |
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Industrial | <input type="checkbox"/> Service Station     | <input type="checkbox"/> Medical Building |   |
| <input type="checkbox"/> Restaurant               | <input type="checkbox"/> Accessory Building   | <input type="checkbox"/> Historical | <input type="checkbox"/> Educational /School |   |   |
| <input type="checkbox"/> City/County Owned        | <input type="checkbox"/> Church               | <input type="checkbox"/> Store      | <input type="checkbox"/> Other _____         |   |   |

Building Area: \_\_\_\_\_ Sq. Ft.   Building Height: \_\_\_\_\_ Ft.   Stories: \_\_\_\_\_

**EXISTING:** FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_

**PROPOSED:** FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_