



City of Pacifica

Planning, Building and Code Enforcement

PROJECT ADDRESS: _____ Date: _____

PROPERTY OWNER

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

RESPONSIBLE PARTY DURING PLAN CHECK

NAME: _____ PHONE: _____

EMAIL: _____ FAX: _____

CONTRACTOR: _____ CA LIC. #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMERGENCY CONTACT (name/phone #): _____

ARCHITECT/ENGINEER/DESIGNER

NAME: _____ PHONE: _____

EMAIL: _____ FAX: _____

PROJECT INFORMATION DESCRIPTION/ SCOPE OF WORK

Check all boxes that apply:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> NEW STRUCTURE | <input type="checkbox"/> EXISTING | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> REPAIR | <input type="checkbox"/> RESIDENTIAL – 1 & 2 FAM |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> GRADING | <input type="checkbox"/> RESIDENTIAL - MULTI |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> FIRE PERMIT | <input type="checkbox"/> SIGNS | <input type="checkbox"/> OTHER: _____ |

Valuation: \$ _____ Square Footage (new) _____ (exist) _____

Office use

Route to:

- Building Planning Code Enf Engineering Fire Dist Water Dist