



PERMIT APPLICATION WORKSHEET

Planning & Building Department
 250 Frank H. Ogawa Plaza
 2nd Floor, Suite 2114
 Oakland, CA 94612
 Tel (510) 238-3443
 Hours:
 8 am-4pm M,Tu,Th,F
 9:30 am-4 pm Wed

PLEASE COMPLETE ALL INFORMATION. APPLICANTS WITH INCOMPLETE WORKSHEETS MAY BE ASKED TO GET A NEW NUMBER. INACCURATE INFORMATION MAY LEAD TO SUSPENSION OF THE PERMIT. ADDITIONAL PERMITS MAY BE REQUIRED, i.e., Electrical, Plumbing, Mechanical, Sewer, Obstruction.

SCHOOL FEE (SF) Commercial \$0.66 Residential \$4.08
ADDRESS FEE Commercial \$167.54 Residential \$60.24 Change of Address for Any Occupancy \$437.20

TYPE OF PERMIT: (circle one)			
BUILDING	DEMOLITION (_____ SF)	SOLAR SIGN CERTIFICATE OF OCCUPANCY	
IS THIS APPLICATION RELATED TO ANY OTHER PERMIT OR COMPLAINT?		IF YES, INDICATE PERMIT #, PLANNING CASE FILE # OR COMPLAINT #:	
<input type="radio"/> YES <input type="radio"/> NO			
SITE ADDRESS/JOB LOCATION		ASSESSOR'S PARCEL NO.	
DESCRIPTION OF PROPOSED WORK			
VALUATION OF PROPOSED WORK <div style="text-align: center; font-size: 2em;">\$</div>	EXISTING # OF RESIDENTIAL UNITS <hr style="width: 80%; margin: 0 auto;"/> NUMBER OF UNITS TO BE ADDED	# OF STORIES: OCCUPANCY: TYPE OF CONSTRUCTION: OCCUPANT LOAD: EXISTING FIRE SPRINKLERS: <input type="radio"/> YES <input type="radio"/> NO	
	PROPERTY OWNER'S NAME		PROPERTY OWNER'S PHONE NUMBER
	PROPERTY OWNER'S ADDRESS (street, city and zip code)		
	PERSON SUBMITTING APPLICATION		PHONE NUMBER EMAIL
	ARCHITECT'S/DESIGNER'S NAME		PHONE NUMBER EMAIL
CONTRACTOR'S LICENSE NUMBER	SIGNATURE OF APPLICANT	DATE	

I ACKNOWLEDGE THAT REFUNDS ARE LIMITED PER Section 107.6 of O.B.C.. _____ INITIAL _____ DATE _____
 Last updated 1.25.22