

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 <input type="checkbox"/> 3'-6' height <input type="checkbox"/> 6'-10' height lf:	Rooftop Solar PV <input type="checkbox"/> New Meter Panel sf: <input type="checkbox"/> New Sub-Panel	Ground Mount Solar PV <input type="checkbox"/> New Meter Panel sf: <input type="checkbox"/> New Sub-Panel	
New Swimming Pool/Spa Gunitite: <input type="checkbox"/> YES <input type="checkbox"/> No sf:	New Gunite Spa Only sf:	Existing Pool/Spa Remodel sf:	
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 <input type="checkbox"/> Demo <input type="checkbox"/> Re-plaster	Patio/Covered Area sf:	Balcony/Deck sf:	Demo sf:
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 _____

