UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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SANTA BARBARA • SANTA CRUZ

OFFICE OF DESIGN & CONSTRUCTION SERVICES
Building 439
Santa Barbara, California 93106-1030
Telephone (805) 893-6987
Fax (805) 893-2848

Building Permit Application

Project Address: _____

Existing Condition / Current Use: _____Sprinklered? Y/N

Nature of Proposed Work (Circle all that apply):
New Addition Remodel Repair Change of Use Grading Other

Proposed Condition Upon Completion:
Residential: # of Bldgs _____ # of Stories_____ # of Units _____
Commercial: # of Bldgs _____ # of Stories_____ Const. Type_____

Project Description:_____
_____
_____
_____
_____

Proposed Use/Occupancy: _____ Construction Valuation (US Dollars) $_____

IMPORTANT: Please check the box next to the person listed below whom we should contact regarding this Application.

Owner of Residence: _____
(When Applicable) (Name) (Mailing Address) (City, State, Zip)
E-mail Address: _____ Phone: _____

Applicant: _____
(Name) (Mailing Address) (City, State, Zip)
E-mail Address: _____ Phone: _____

Architect/Designer: _____
(Name) (Mailing Address) (City, State, Zip)
E-mail Address: _____ Phone: _____

Engineer: _____
(Name) (Mailing Address) (City, State, Zip)
E-mail Address: _____ Phone: _____

Contractor:_____
(Name) (Mailing Address) (City, State, Zip)
E-mail Address: _____ Phone: _____

Other: _____
(Please Specify) (Name) (Mailing Address) (City, State, Zip)
E-mail Address: _____ Phone: _____

I, the undersigned, understand that approval of this project does not waive any requirements, laws, or policies of The University of California Santa Barbara, The University of California system, and The University of California Office of The President. All statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

Signature:_____Date: _____ Signature:_____Date: _____
(Person Making Application) (Owner of Residence, When Applicable)