



**CITY OF MISSION VIEJO**  
 200 Civic Center  
 Mission Viejo, CA 92691  
 (949) 470-3054

**BUILDING DIVISION  
 PERMIT/PLAN CHECK APPLICATION**

<b>PROJECT ADDRESS:</b>	<b>ZIP CODE:</b>
-------------------------	------------------

<b>APPLICANT NAME:</b>		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
<b>PROPERTY OWNER:</b>		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
<b>CONTRACTOR:</b>		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
LICENSE & CLASS:			
<b>ARCH / ENG / DESIGNER:</b>		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
LICENSE:			
<b>PROJECT DESCRIPTION:</b>			SQ. FOOTAGE:
			VALUATION: \$
<b>Proposed Use:</b>		<b>Previous Use:</b>	
<b>Tenant/Business Name:</b>		<b>Telephone:</b>	
<b>TYPE OF CONSTRUCTION:</b>	<b>OCCUPANCY CLASSIFICATION:</b>	<b>OCCUPANT LOAD:</b>	<b>SPRINKLERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

*I will ensure that items requiring inspections will not be covered WITHOUT INSPECTION AND APPROVAL by the CITY BUILDING INSPECTOR.  
 I also understand that permit will EXPIRE if inspections are not scheduled every 180 DAYS.*

▶ **Signature of Applicant/Agent:** \_\_\_\_\_ ▶ **Date:** \_\_\_\_\_

RECEIVED **BEST MANAGEMENT PRACTICES** HANDOUT \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>PLAN CHECK #:</b> _____	<b>PERMIT #:</b> _____		
TECHNOLOGY FEE: _____	ISSUANCE FEE: _____	C&D DEPOSIT: _____	WATER QUALITY: _____
PLAN CHECK: _____	**PLUMBING: _____	C&D OPTION #3: _____	SMIP FEE: _____
INSPECTION: _____	**ELECTRICAL: _____	BOND – POOL: _____	SB 1473 FEE: _____
PLANNING: _____	**MECHANICAL: _____	BOND – SIGN: _____	SCAN FEE(\$1/PG): _____

**\*\*NOTE: SEPARATE FEES for TI's & NEW CONSTRUCTION**

<b>PLANNING APPROVAL:</b>	<b>DATE:</b>
<b>ZONING:</b>	<b>DESCRIPTION:</b>