



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

**BUILDING DIVISION
 PERMIT/PLAN CHECK APPLICATION**

bldgservices@cityofmissionviejo.org

PROJECT ADDRESS:	ZIP CODE:
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APPLICANT NAME:		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	

PROPERTY OWNER:		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	

CONTRACTOR:		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
		LICENSE & CLASS:	

ARCH / ENG / DESIGNER:		TELEPHONE:	
STREET ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
		LICENSE:	

PROJECT DESCRIPTION:	SQ FOOTAGE:
	VALUATION \$

Proposed	Previous Use:
Tenant/Business Name:	Telephone:

TYPE OF CONSTRUCTION:	OCCUPANCY CLASSIFICATION:	OCCUPANT LOAD:	SPRINKLERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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:
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RECEIVED **BEST MANAGEMENT PRACTICES** HANDOUT

FOR OFFICE USE ONLY

PLAN CHECK #:	PERMIT #:		
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 CONTRUCTION**

PLANNING APPROVAL:	DATE:
ZONING:	DESCRIPTION: