

City of Hemet
 Department of Building and Safety
APPLICATION FOR BUILDING PERMIT

Plan Check #:

NOTE: 3 sets of plans and specifications for residential construction or 5 sets of plans and specifications for commercial construction must be submitted. A copy of the signed contract between the owner and the contractor for proposed work is also required.

Property Address:	Date:
-------------------	-------

Assessor Parcel Number:	Lot Number:	Valuation:
-------------------------	-------------	------------

Description of Work:

Construction Type: SFR Mobile Home Multi-Family: ___ # Units Commercial*

Property Owner:	Applicant:
-----------------	------------

Address:	Address:
----------	----------

City:	State:	Zip:	City:	State:	Zip:
-------	--------	------	-------	--------	------

Telephone: () -	Telephone: () -
------------------------	------------------------

CONTRACTOR INFORMATION:	LICENSED DESIGN PROFESSIONAL:
--------------------------------	--------------------------------------

Name:	Name:
-------	-------

Address:	Address:
----------	----------

City:	State:	Zip:	City:	State:	Zip:
-------	--------	------	-------	--------	------

Telephone: () -	Telephone: () -
------------------------	------------------------

Fax: () -	License Number:	Expiration Date:
------------------	-----------------	------------------

Contact Person:	Telephone: () -	Email:
-----------------	------------------------	--------

State License Number:	Type:	Expiration Date:
-----------------------	-------	------------------

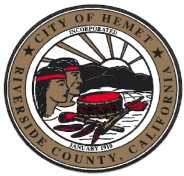
Contractor's Workers Comp. Ins. Carrier:	Number:	Exp. Date:
--	---------	------------

Contractors City Business License Number:	Expiration Date:
---	------------------

By my signature below, I certify to each of the following: I am the property owner or authorized to act on the property's behalf. I have read this application and the information I provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes. *For commercial properties I have received a copy of the "Disability Access Requirements and Resources". Check, Sign and Date applicable line.

<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contract or	<input type="checkbox"/> Authorized Agent	Print Name: _____
---	--------------------------------------	---	-------------------

Signature: _____ Date: _____



City of Hemet
Building Division

COMPLETE ONLY IF PLAN
REVIEW IS REQUIRED

Plan Check - Checklist

Plan Check #: _____
Expires: _____ Initial: _____

IN ALIGNMENT
WITH
2016 California
Building Code

Date: _____

Job Address: _____

Please check each item below:

- I agree to pay all plan check fee required for this project with the understanding that this payment is not a guarantee that a permit will be issued and that this fee is not refundable once the plan check has commenced. If multiple plan reviews are required I may be asked to pay additional plan check fees for the additional time spent.
- I understand that I may request and "Accelerated Plan Check" at an additional cost to me. The accelerated plan check is for the first review only.
- I understand that the project valuation may be reviewed and that said valuation may be adjusted up or down, if determined by the building official, the valuation is underestimated on the application. The California Building Code Section 109.3 states "Final building permit valuation shall be set by the building official."
- I understand that I must submit separate plans, applications and plan check fees for the following projects:
 - Walls & Fences
 - Trash Enclosures
 - Landscaping
 - Fire Permits: Sprinklers, Underground, Alarm, Etc
 - Grading
- I understand that prior to issuance of building permit I may be required to obtain approval from the City of Hemet Planning Commission, Hemet City Council, Eastern Municipal Water District, Riverside County Health, South Coast Air Quality, Southern California Edison, Southern California Gas, Lake Hemet Municipal Water District and/or Caltrans and I will do the due diligence necessary to have their approvals prior to the permit issuance or expiration of the plan check.
- I understand that from the date of plan check submittal my plan check is good for a period of six months. At which time I can request one (1) six month extension. If approved at the end of the extension, the California Code of Regulations, as amended by the City of Hemet does not allow any additional extensions and I will need to resubmit my plans for review and I will be responsible for the additional plan check costs. Delay by any agency, including the City of Hemet, will not extend this time period.

Applicant or Agent Signature:

Applicant's Signature: _____

Print Name: _____

Telephone Number: _____ Email: _____

City of Hemet
Building Division
445 E. Florida Ave.
Hemet, CA 92543

Phone
(951) 765-2475

www.cityofhemet.org