



Community Development Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 264-5011

www.cityofsacramento.org/dsd



Application for Building Permit Facility Permit Program

Activity #:	Inspection Area:
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Applicant MUST complete ALL Unshaded areas

Address: _____ Suite: _____

Parcel #: _____

Responsible Party		Licensed Contractor		Lic. #:	
Name _____		Name _____		_____	
Street Address _____		Street Address _____		_____	
City/State/Zip _____		City/State/Zip _____		_____	
Phone _____ Fax _____		Phone _____ Fax _____		_____	
E-mail _____		E-mail: _____		_____	
Architect/Engineer		Owner			
Name _____		Name _____		_____	
Street Address _____		Street Address _____		_____	
City/State/Zip _____		City/State/Zip _____		_____	
Phone _____ Fax _____		Phone _____ Fax _____		_____	
E-mail _____		E-mail _____		_____	

→ Will permittee have any employees on the jobsite? Yes No Insurance Co: _____

→ Worker's Compensation Policy # _____ Expiration Date: _____

Nature of Work in Detail: _____

Occupant/Tenant: _____ Valuation: \$ _____

Inspection Disciplines (Circle those Required)		BLDG	MECH	PLUMB	ELEC	SITE	FIRE
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type		Fire Req. Y / N SPR ALARM
Routing	B	L	P M	E F	S	DR	DE UTIL

Comments: _____

Regional Sanitation Fees? Yes No Health Department? Yes No

Please note that once this document is submitted to the City of Sacramento, your information may be subject to the Public Records Request Act. However, the City will not sell your data or information for any purpose.