



**CITY OF
LA MESA**
JEWEL of the HILLS

BUILDING PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING DIVISION
8130 Allison Avenue, La Mesa, CA 91942
Phone: 619.667.1176 • Fax: 619.667.1380

Date of Application: _____ Permit Application Number: _____
Project Street Address: _____
Suite or Unit Number: _____ Assessor's Parcel Number: _____

Type of Project and number of sets:

- | | | |
|--|---|---|
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Grading | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> New Construction (NonRes) | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> Addition | <input type="checkbox"/> New Construction (Res) | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> New Construction (Transient Housing) | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Other | <input type="checkbox"/> Solar Water Heater |
| <input type="checkbox"/> Fire Non Op/ Construction | <input type="checkbox"/> Fire Operational Annual | <input type="checkbox"/> Fire Specific Use |
| <input type="checkbox"/> Fire Annual Inspection Services | | |

Description of Proposed Work: _____

Area Calculation: New/Added: _____ **sf** **Altered:** _____ **sf** **Demolished:** _____ **sf**

Applicant Information:

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip _____ Email: _____

Owner Information:

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip _____ Email: _____

Design Professional Information (if applicable):

Name: _____ Architect _____ Engineer _____ License _____
Business Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip _____ Email: _____

Contractor Information:

Name: _____ Phone: _____
State License Class and Number: _____ Fax: _____
City Business License Number: _____ Email: _____
Address: _____
City: _____ State: _____ Zip _____

NOTE: STATE LAW REQUIRES THAT THE CONTRACTOR MAINTAIN ADEQUATE WORKERS COMPENSATION INSURANCE COVERAGE WHEN REQUIRED. A BUILDING PERMIT CANNOT BE ISSUED UNTIL SUCH REQUIRED INSURANCE IS VERIFIED. OWNER/BUILDERS MUST COMPLETE AN OWNER-BUILDER VERIFICATION FORM. THIS APPLICATION IS A PUBLIC RECORD.

Applicant's Signature _____ **Date** _____