



# CITY OF TEMPLE CITY

Building and Safety Division  
9701 LAS TUNAS DRIVE  
TEMPLE CITY, CA 91780  
www.ci.temple-city.ca.us

## APPLICATION FOR COMBINATION PERMIT

PLEASE FILL OUT COMPLETELY IN INK

Project Address:

City:

Zip:

Assessor Parcel Number:

Cross-St:

Tenant/Project Name:

Description of Work:

### PROPERTY OWNER

Name:

Owner builder: Yes  No

Address:

Phone:

City:

State:

Zip code:

E-Mail:

Fax:

### APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name:

E-mail:

Address:

Phone:

City:

State:

Zip Code:

### CONTRACTOR INFORMATION

Name:

E-mail:

Address:

Phone:

City:

State:

Zip Code:

State License No.:

Class:

Exp. Date:

Workers Compensation Carrier:

Policy No.

Exp. Date:

### ARCHITECT/ENGINEER/DESIGNER INFORMATION

Name:

Address:

E-mail:

City:

State:

Zip code:

State License No.:

Exp. Date:

Phone:

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware approval from the Department of Regional Planning, Fire Department, Health Department, and any other agencies indicated on the agency referral form are required prior to the issuance of the building/grading permit. I hereby choose to submit plans for building/grading plan check prior to obtaining the necessary approvals of the agencies provided on the agency referral form. Furthermore, I am aware that if the building/grading plans have been review and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Construction Valuation:		
<b>PV SYSTEM:</b>		
Roof Size (sq. ft.):	Number Of Solar Panels:	System Size (kw):
Special Conditions:		
Solar type – Residential: <input type="checkbox"/> Commercial: <input type="checkbox"/>		Roof Mounted: Y N
<b>POOL/SPA:</b>		
Pool Size (sq. ft.):	Pool type – Residential: <input type="checkbox"/> Commercial: <input type="checkbox"/>	Spa: Y N
Special Conditions:		
<b>DOCUMENT CHECKLIST: (SPECIFY NUMBER OF EACH SUBMITTED)</b>		
Sets Of Plans:	Sets Of Energy Calcs:	Sets Of Structural Calcs:
Sets Of Mechanical Plans:	Sets Of Plumbing Plans:	Sets Of Electrical Plans:
Number Of Soils Reports:	On Cd:	