



# COMMERCIAL BUILDING PERMIT APPLICATION

Community Development Department  
Building Division  
1600 First St., PO Box 650  
Napa, CA 94559-0660  
707-257-9540

OFFICE USE ONLY

PERMIT#: \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE REC: \_\_\_\_\_

## PROPERTY DESCRIPTION

Site Address: \_\_\_\_\_ APN: \_\_\_\_\_

Work Description: \_\_\_\_\_

**Construction Cost** (includes design, material, and labor): \_\_\_\_\_

Is the building equipped with Fire Sprinklers? Y/N \_\_\_\_\_ Equipped with a fire alarm? Y/N \_\_\_\_\_

Total sq. ft. of the project before modifications \_\_\_\_\_ Total sq. ft. after modifications \_\_\_\_\_ Design Occupant Load: \_\_\_\_\_

Current Occupancy: \_\_\_\_\_ Proposed Occupancy: \_\_\_\_\_ Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_

**BE ADVISED NEW BUILDINGS, ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS SHALL COMPLY WITH NMC CHAPTER 15.04**

## PROPERTY OWNER

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## CONTRACTOR, ARCHITECT AND/OR ENGINEER (PLEASE LIST ON SEPARATE PAGE IF NECESSARY)

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contractor License#: \_\_\_\_\_ Expires: \_\_\_\_\_

City of Napa Business License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## APPLICANT/PRIMARY CONTACT

All communication from our office will be made to this person via email.

Contact Name: \_\_\_\_\_ Firm/License#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## SIGNATURE

I certify that the information on this application is true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

I represent the:  Owner  Contractor  Authorized Agent (please provide a signed "Agent Authorization Form" or letter)