



# COMMERCIAL BUILDING PERMIT APPLICATION

Community Development Dept.  
1600 First Street, P.O. Box 660  
Napa, CA 94559-0660  
(707)257-9540

OFFICE USE ONLY

PERMIT#: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_ DATE REC: \_\_\_\_\_  
PARENT PL#: \_\_\_\_\_ ENG#: \_\_\_\_\_

## PROPERTY/WORK DESCRIPTION

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

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

NEW SUBMITTAL		DEFERRED SUBMITTAL		REVISE EXISTING (PERMIT #): _____	
COMMERCIAL		COMMERCIAL ACCESSORY		COMMERCIAL OTHER: _____	
T.I.	NEW	ADDITION	ALTERATION/REPAIR	DEMO	GRADING cubic yards: _____

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

Existing Sq. Ft.: \_\_\_\_\_ Added Sq. Ft.: \_\_\_\_\_ Total New Sq. Ft.: \_\_\_\_\_ NO. of Units: \_\_\_\_\_

Is existing equipped with Fire Sprinklers? Y/N \_\_\_\_\_ Fire Alarm System? Y/N \_\_\_\_\_

Occupancy: \_\_\_\_\_ Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Conditioned Sq. Ft. demo: \_\_\_\_\_  
Unconditioned Sq. Ft. Demo: \_\_\_\_\_

## PROPERTY OWNER

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## TENANT INFORMATION

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

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

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

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

License#: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

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

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

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

## PRIMARY CONTACT

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

Contact Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_ 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)