



BUILDING PERMIT APPLICATION

City of Oxnard Service Center
214 S C Street, Oxnard CA 93030
www.oxnard.org/build - 805 385-7925

APPLICATION NUMBER 22-457
PROJECT VALUATION [REDACTED]

PROPERTY INFORMATION

PROJECT ADDRESS [REDACTED]	APN [REDACTED]	TRACT [REDACTED]	LOT NO. [REDACTED]	UNIT NO. [REDACTED]
PROPERTY OWNER NAME [REDACTED]	PHONE [REDACTED]	E-MAIL [REDACTED]		

CONTACT INFORMATION

All general contractors, sub-contractors, architects, engineers, designers, and others conducting business with the City of Oxnard are required to maintain a current business license - Business Tax Certificate (BTC). For more information Contact Licensing Services (805) 385-7817

CONTACT NAME [REDACTED]	PHONE [REDACTED]	E-MAIL [REDACTED]	BTC# [REDACTED]
CONTACT ADDRESS [REDACTED]	CITY [REDACTED]	ZIP [REDACTED]	
CONTRACTOR / COMPANY NAME [REDACTED]	PHONE [REDACTED]	E-MAIL [REDACTED]	BTC# [REDACTED]
COMPANY ADDRESS [REDACTED]	CITY [REDACTED]	ZIP [REDACTED]	STATE LICENSE# [REDACTED]
ARCHITECT / ENGINEER / COMPANY NAME [REDACTED]	PHONE [REDACTED]	E-MAIL [REDACTED]	BTC# [REDACTED]
COMPANY ADDRESS [REDACTED]	CITY [REDACTED]	ZIP [REDACTED]	STATE LICENSE# [REDACTED]

PROJECT INFORMATION - CHECK ALL THAT APPLY

BUILDING EXISTING DWELLING SQUARE FOOTAGE: _____ EXISTING GARAGE SQUARE FOOTAGE: _____ NUMBER OF STORIES: **5**

Describe what is being built and its use below and attach a site plan identifying proposed work.
Permanent supportive housing and shelter project. Consists of 56 permanent supportive residential units in 4 levels of Type V-A construction over 12,739 S.F (one level) on grade shelter of Type I-A Construction (shelter under separate permit)
 First Floor area: 13,973 S.F. Second Floor: 10,931 S.F. Third to Fifth Floor Area: 32,778. Total Building Area: 57,682 S.F.

PLUMBING - INDICATE # OF APPLICABLE PLUMBING FIXTURES BELOW:

BATH/SHOWER: _____	LAUNDRY WASHER: 12	DISH WASHER: 56	GARAGE DISPOSAL: 56	LAVATORY: _____	BATHROOM SINK: 57	KITCHEN SINK: 56	TOILET/URINAL: 5	SHOWER PAN: _____	DRAIN: 9	WATER HEATER: 2
SEWER: _____	GREASE TRAP: _____	SAMPLE WELL: _____	LAWN SPRINKLER: _____	WATER SYSTEM: _____	BACK FLOW DEVICE: 1	GAS/FUEL OUTLET: 4	POOL/SPA ABOVE GROUND: _____	POOL/SPA INDOOR: _____	LAUNDRY TRAY: _____	OTHER: _____

MECHANICAL - INDICATE # OF MECHANICAL ITEMS BELOW:

PROCESS PIPING: _____	HAZARDOUS: _____	NON-HAZARDOUS: _____	GAS: _____	HEATING SYSTEM: _____	AC SYSTEM: 64	EVAP COOLER: _____	AIR HANDLER: _____	EXHAUST FAN: 56	HOODS: 57	OTHER: _____
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ELECTRICAL - INDICATE # OF ELECTRICAL ITEMS BELOW:

(56) 90A panels	(8) 600A panels	(1) 400A panel	(3) 150A panel	(1) 100A panel	(1) 2000A new service	TEMPORARY POWER: _____	MOTORS: _____	TRANSFORMERS: _____	GENERATORS: _____	POOL: _____	OUTLETS: 1372	OTHER: _____
MAIN: _____						NO: _____						
SUB: _____						NO: _____						
TYPE: <input type="checkbox"/> POLE <input type="checkbox"/> PEDESTAL						H.P.: _____						
						SIZE: _____						
						WATTS: _____						
						LIGHT FIXTURES: 419						

SIGNS - INDICATE # OF MECHANICAL ITEMS BELOW:

NO: _____	TYPE: _____	SIGN AREA (SF): _____	<input type="checkbox"/> NON-ILLUMINATED	<input type="checkbox"/> ILLUMINATED	CIRCUITS: _____
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FIRE PERMITS UNDERGROUND LENGTH: _____ OVERHEAD AREA (SF): _____

NEW TENANT IMPROVEMENT FIRE SUPPRESSION SYSTEM FIRE ALARM SYSTEM NO. OF ALARM DEVICES: _____

ROOF PERMITS ROOF COVERING CLASS: A B

ROOF AREA: _____	ROOF PITCH (in 12 inches): _____	LAYERS OF PAPER: _____	GRADE#: _____	DROP EDGE SIZE: _____	X
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SPECIAL CONDITIONS Describe or detail additional information or specifications below.

AUTHORIZATION

I certify that I have read this application and declare under perjury that the information contained herein is true, correct, and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the above mentioned property for inspection purposes. I am the owner of the structure listed on this permit or I represent the owner and am acting with the owner's full knowledge and consent.

Executed at City of Oxnard: _____ Date: _____ Owner / Contractor Authorized Signature: _____ Title: _____

FOR CITY OFFICE USE ONLY							NEW BUILDING SQ. FT.	DECK/PATIO SQ. FT.
CLASS OF WORK	<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR	<input type="checkbox"/> FENCE	USE OF BUILDING	RESIDENTIAL		REMODELED SQ. FT.	EXISTING DWELLING SQ. FT.
	<input type="checkbox"/> ADDITION	<input type="checkbox"/> MOVE	<input type="checkbox"/> RE-ROOF		<input type="checkbox"/> SINGLE-FAMILY	<input type="checkbox"/> RETAIL		
ZONING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION		<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> OFFICE	<input type="checkbox"/> INDUSTRIAL	ADDITION SQ. FT.	PATIO COVER SQ. FT.
	<input type="checkbox"/> PATIO COVER	<input type="checkbox"/> PATIO COVER		<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> INSTITUTIONAL	TENANT IMPROVEMENT SQ. FT.	ACCESSORY SQ. FT.
APPROVALS	REQUIRED	DATE	APPROVED BY	REMARKS		OTHER SQ. FT.	OTHER SQ. FT.	
PLANNING	BUILDING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7/6/2022	S. Newman				
BEDROOMS	PLANNING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4/2/2022	[Signature]				
CONSTRUCTION TYPE	FIRE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6.2022	[Signature]				
OCCUPANCY GROUP	ELECTRICAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6/6/2022	[Signature]				
MAX OCCUPANCY	PARKS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
STORIES	SOURCE CONTROL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
UNITS	PERMIT APPROVED FOR ISSUANCE:		1/28/22		ISSUED BY: [Signature]			