



BUILDING PERMIT APPLICATION

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

APPLICATION NUMBER
24-1137

PROJECT VALUATION
[REDACTED]

PROPERTY INFORMATION *Rear*

PROJECT ADDRESS [REDACTED]	APN 200	TRACT	LOT NO.	UNIT NO.
PROPERTY OWNER NAME [REDACTED]	PHONE	E-MAIL		

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

PROJECT INFORMATION - CHECK ALL THAT APPLY

BUILDING EXISTING DWELLING SQUARE FOOTAGE: **1357** EXISTING GARAGE SQUARE FOOTAGE: **300** NUMBER OF STORIES: **1**

Describe what is being built and its use below and attach a site plan identifying proposed work.

PROPOSED 749 SQFT ATTACHED 2 BEDROOM, 2 BATH ADU

PLUMBING INDICATE # OF APPLICABLE PLUMBING FIXTURES BELOW:

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

MECHANICAL INDICATE # OF MECHANICAL ITEMS BELOW:

PROCESS PIPING: 1	HAZARDOUS: 1	NON-HAZARDOUS: 1	GAS: 2	HEATING SYSTEM: 1	AC SYSTEM: 1	EVAP COOLER: 1	AIR HANDLER: 1	EXHAUST FAN: 3	HOODS: 1	OTHER: 1
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ELECTRICAL INDICATE # OF ELECTRICAL ITEMS BELOW:

SERVICE & SUB: 100	TEMPORARY POWER: 3	MOTORS: 3	TRANSFORMERS: 3	GENERATORS: 3	POOL: 35	OTHER: 15
AMPS: 100	MAIN: 3	NO: 3	NO: 3	NO: 3	SPA: 25	
NEW SERVICE?: 3	SUB: 3	H.P.: 3	SIZE: 3	WATTS: 3		
TYPE: <input type="checkbox"/> POLE <input type="checkbox"/> PEDESTAL						

SIGNS INDICATE # OF MECHANICAL ITEMS BELOW:

NO: 1	TYPE: 1	SIGN AREA (SF): 1	<input type="checkbox"/> NON-ILLUMINATED	<input type="checkbox"/> ILLUMINATED	CIRCUITS: 1
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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 #: _____ DRIP EDGE SIZE: _____ X _____

SPECIAL CONDITIONS Describe or detail additional information or specifications below.

(N) 3/4" WATER (EER W) 1" SUPPLY LINE, 50K BN FAN, 1" PAT LINE TANKLESS W. 4 20K BN/HK,

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: **3-10-24** Date **[REDACTED]** Owner/Contractor Authorized Signature Title

CLASS OF WORK	NEW BUILDING		DECK/PATIO				
	SQ. FT.	SQ. FT.	SQ. FT.	SQ. FT.			
<input type="checkbox"/> NEW							
<input type="checkbox"/> ADDITION							
<input type="checkbox"/> ALTERATION							
<input type="checkbox"/> PATIO COVER							
<input type="checkbox"/> REPAIR							
<input type="checkbox"/> MOVE							
<input type="checkbox"/> DEMOLITION							
<input type="checkbox"/> PATIO COVER							
<input type="checkbox"/> FENCE							
<input type="checkbox"/> RE-ROOF							
<input type="checkbox"/> USE OF BUILDING							
<input type="checkbox"/> RESIDENTIAL							
<input type="checkbox"/> SINGLE-FAMILY							
<input type="checkbox"/> MULTI-FAMILY							
<input type="checkbox"/> HOTEL/MOTEL							
<input type="checkbox"/> COMMERCIAL							
<input type="checkbox"/> RETAIL							
<input type="checkbox"/> OFFICE							
<input type="checkbox"/> RESTAURANT							
<input type="checkbox"/> INDUSTRIAL							
<input type="checkbox"/> INSTITUTIONAL							
<input type="checkbox"/> MEDICAL							
<input type="checkbox"/> PUBLIC							
ZONING	APPROVALS	REQUIRED	DATE	APPROVED BY	REMARKS	NEW BUILDING SQ. FT.	DECK/PATIO SQ. FT.
PLANNING	BUILDING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	03/26/24	ADRIAN C			
BEDROOMS:	PLANNING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
CONSTRUCTION TYPE:	FIRE	<input type="checkbox"/> YES <input type="checkbox"/> NO		[Signature]			
OCCUPANCY GROUP:	ELECTRICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO					
MAX OCCUPANCY:	PARKS	<input type="checkbox"/> YES <input type="checkbox"/> NO					
STORIES:	SOURCE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO					
UNITS:	PERMIT APPROVED FOR ISSUANCE:		ISSUED BY:				