



City of Oxnard Permit Center
 214 South C Street
 Oxnard, California 93030
 (805) 385-7925

FOR DEPARTMENT USE ONLY	
APPLICATION NUMBER	19-1371
PROJECT VALUATION	

PERMIT APPLICATION (PLEASE COMPLETE ALL APPLICABLE SPACES)

PROJECT ADDRESS: Tract 600900	TRACT:	LOT NO.:	AP NO.:
OWNER'S NAME:	PHONE:		
ADDRESS:	PHONE:		
CONTACT PERSON:	FAX:		
MAILING ADDRESS:	PHONE:		

ARCH. ENG. OR DESIGNER:	PHONE:
MAILING ADDRESS:	STATE LIC. NO.:

CONTRACTOR NAME:	PHONE:
MAILING ADDRESS:	STATE LIC. CLASS
	STATE LIC. NO.:
	CITY LIC. NO.:

<input type="checkbox"/> BUILDING (Describe WHAT'S being BUILT; Include Use(s) and Sizes in Sq. Ft.)	EXISTING
	DWELLING S. F.
	GARAGE S. F.

<input type="checkbox"/> PLUMBING (Enter No. of Applicable Fixtures / Services / Devices)										
BATH / SHWRS	CLOTHES WASHERS	DISH WASHERS	GARB DISP	LAVS.	SINKS BARKITCHEN/OTHER	FLOOR/MOP SINKS	TOILETS URINALS	WTR HTRS	ROOF/FLOOR DRAIN	SHOWER PAN
BLDG SEWER	GREASE TRAPS	SAMPLE WELLS	WATER SYS	LAWN SPKLR	BACKFLOW DEVICES	GAS FUEL OUTLETS	POOL / SPA		LAUNDRY TRAY	MISC
							IN-GROUND	ABOVE		

<input type="checkbox"/> MECHANICAL (Enter No. of Applicable Items, BTUH, TONS, CFM, Where Required)									
HEATING SYSTEM	AIR CONDT SYSTEM	DUCT ONLY (Branches)	EVAP COOLER	AIR-HANDLERS	EXHAUST FANS	HOODS	PROCESS PIPING		
							HZDRS	NON	GAS

<input type="checkbox"/> ELECTRICAL (Enter No. of Applicable Items, AMPS, HP, ETC, Where Required)						
SERVICE / SUB-PNLS	TEMP. POWER	MOTORS	NEW RESIDENCE	OUTLETS	SIGNS (CKTS)	GENERATORS
AMPS NO.	MAIN SUB.	H.P. NO.	S.F.	SWITCHES		NO. WATTS
NEW SERVICE?	TYPE (POLE/PEDESTAL)	TRANSFORMERS SIZE	GAR. S.F.	LIGHT FIXTURES	POOL / SPA	MISC

<input type="checkbox"/> SIGNS	NO.	TYPE	AREA (SF)	ILLUMINATED <input type="checkbox"/>	NO. OF CIRCUITS	NON-ILLUMINATED <input type="checkbox"/>
<input type="checkbox"/> FIRE PERMIT	UNDERGROUND LENGTH ±	OVERHEAD AREA (SF)	NEW TENANT IMPR <input type="checkbox"/>	FIRE SUPPRESSION SYSTEM <input type="checkbox"/>	ALARM SYSTEM <input type="checkbox"/>	NO. OF DEVICES

SPECIAL CONDITIONS (Or Item Extensions of Above)

Heritage Homes Project Residential tract of 13 homes SFR / w detached garage

NOTE: CASH OR CHECK ONLY FOR FEE PAYMENTS.

I certify that I have read this application and declare under penalty of 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 _____

CLASS OF WORK	<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"/> POOL / SPA	<input type="checkbox"/> FENCE <input type="checkbox"/> REROOF	USE OF BLDG	RESIDENTIAL <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HOTEL/MOTEL	COMMERCIAL <input type="checkbox"/> RETAIL <input type="checkbox"/> OFFICE <input type="checkbox"/> RESTAURANT <input type="checkbox"/> MEDICAL	<input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	NEW BLDG / SQ. FT.	DECK PATIO / SQ. FT.
ZONING	PLANNING PMT. NO.	NO. OF BEDROOMS	TYPE CONST.	OCCUP. GRP.	MAX. OCCUP. LOAD	NO. OF STORIES	NO. OF UNITS	ADDITION / SQ. FT.	AREA EXIST. DWLG
APPROVALS	REQD.	NOT REQD.	DATE	APPROVED BY	REMARKS				
BUILDING			2/13/20	<i>[Signature]</i>	for Taylor Gambino				
PLANNING	X		2.12.2020	<i>[Signature]</i>					
FIRE	X		2.13.20	<i>[Signature]</i>					
ELECTRICAL									
PARKS									
SOURCE CONTROL									
PERMIT APPROVED FOR ISSUANCE	3/3/2020			ISSUED BY	<i>[Signature]</i>				