



BUILDING DIVISION PERMIT APPLICATION

156 S BROADWAY STE 130 TURLOCK CA 95380
PHONE: 209-668-5560 FAX: 209-668-5107
CITYOFTURLOCK.ORG

PERMIT NO. _____
NWS PERMIT TYPE: B -_____
APPLICATION DATE: _____
PLAN CHECK DEPOSIT: _____

PLEASE REVIEW AND COMPLY WITH THE FOLLOWING ITEMS PRIOR TO SUBMITTING APPLICATION
This application MUST be filled out COMPLETELY. If a line does not pertain to your project please put N/A.

1. A plan check deposit is required with this application (payable by cash or check).
2. A copy of the Land Use/Entitlement Planning Permit, if applicable, is required with this application.
3. Projects which require more than 3 plan checks will be subject to additional plan check fees.
4. If this building is intended to be licensed by the Department of Health Services (i.e. OSHPD3), you are required to submit concurrently to OSHPD for their review and approval. **We Do Not Certify Clinics**
5. No inspections will be performed prior to issuance of the Building Permit.
6. The following shall NOT be part of this submittal: Civil Drawings, Landscape Plans and/or Commercial Fire Sprinkler Systems. Please contact Engineering, Planning, County Health and/or Fire Departments for their required separate submittals.
7. **Residential Projects:** All **new residential buildings** are required to be submitted ELECTRONICALLY in PDF format on a non-returnable flash drive. Minor projects may be submitted in paper and require 3 sets of plans and 2 sets of all supporting documents (i.e. Structural, Energy, Truss and/or calculations etc.).
 - a. Is this project a new single family dwelling? If so, are you interested in deferring the Development Impact Fees?
 Yes No If yes, the preliminary title report AND legal notarized document of property owner authorization are due at the time of submittal.
8. **Commercial Projects:** ELECTRONIC PLAN REVIEW ONLY: All projects must be submitted in PDF format on a non-returnable flash drive.
9. This document is public record.

Project Address _____

Description of Work _____

APN: _____ **Estimated Improvement Cost \$** _____

OWNER

Name _____ Phone _____

Email _____

CONTRACTOR

Name _____ Phone _____

License No. _____ License Class _____ E-mail address _____

City of Turlock Business License No. (If applicable) _____

SUBCONTRACTORS

Electrical Contractor: _____ License No _____

Plumbing Contractor: _____ License No _____

Mechanical Contractor: _____ License No _____

PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM



LICENSED ENGINEERING/ARCHITECTURAL FIRM

Company Name _____ Contact Name: _____ License No. _____

Phone _____ FAX _____ Email _____

APPLICANT/PROJECT CONTACT

NAME _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

I certify that I have read this application and state the above information is CORRECT. I AGREE TO COMPLY with all City and County ordinances and State laws relating to construction and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Date _____ Signature of Applicant/Agent _____

Property Owner Contractor Agent

THIS IS AN INCOMPLETE PLAN CHECK SUBMITTAL DUE TO THE LACK OF THE FOLLOWING ITEMS:

- Site Plan
- Structural Calcs
- Truss Calcs
- Other _____
- Roof Framing Plan
- Floor Framing Plan
- Residential/Fire Sprinklers and Calcs

This plan check process may be delayed due to the lack of information as noted above. By signing at the end of this statement you are acknowledging and agreeing that the plan check package is not complete and are aware that the standard review time lines may NOT be met.

Applicant: _____

Date: _____

This Permit Application EXPIRES one year from the date of initial application.

For Office Use Only

Reviewed By: _____ Route To: BLDG IW BV 4L PLN ENG FIRE



BUILDING DIVISION RE-SUBMITTAL FORM

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CITYOFTURLOCK.ORG

RE – SUBMITTAL APPLICATION:

Date: _____

Re-Check (Per Plan Check Comments)

Permit #: _____

Deferred Submittal
(Copy of Approved Plans may be required)

Revisions to Approved Plans
(Copy of Approved Set of Plans may be required)

Address of Work: _____

Project Name: _____

Description of Project Changes / Updates: _____

Contact Person: _____

Please Print

Phone: _____

Email: _____

Fax: _____

- For Office Use Only -

Requested By: _____

Received By: _____