



COMMUNITY DEVELOPMENT
Building and Safety

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY	
PLAN CHECK #:	_____
SUBMITTAL DATE:	_____
TARGET DATE:	_____
EXP DATE:	_____

PROJECT ADDRESS		SUITE	GRID NUMBER
TRACT		LOT	UNITS
RESIDENTIAL TRACTS: PRODUCT NAME		PHASE	VILLAGE
PERMIT TYPES APPLIED FOR			
<input type="checkbox"/> RESIDENTIAL BUILDING <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> NON-STRUCTURAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL			

APPLICANT INFORMATION			PROJECT INFORMATION			
APPLICANT/COMPANY NAME			DESCRIPTION OF WORK			
ADDRESS	CITY	ZIP				
CONTACT	PHONE					
EMAIL			RELATED GRADING CASE/OTHER RELATED CASES			
OWNER OF THE PROPERTY			DOES THE SCOPE INCLUDE AN ACCESSORY DWELLING UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS			DOES THE PROPOSED USE INCLUDE MEDICAL OR CHIROPRACTIC OFFICES; OR RETAIL OR WAREHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS	CITY	ZIP	OCCUPANCY GROUP(S)	CONSTRUCTION TYPE		
CONTACT			OCCUPANCY CURRENT	PROPOSED		
PHONE	EXT	FAX	CURRENT USE	PROPOSED USE		
TENANT NAME			VALUATION	NO. OF STORIES	SPRINKLERS	A/C
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR OFFICE USE ONLY: PLAN CHECK FEE SUMMARY

BUILDING: _____ ELECTRICAL: _____
 ENERGY: _____ MECHANICAL: _____
 ZONING: _____ PLUMBING: _____
 WMPB: _____ AUTOMATION: _____

TOTAL PLAN CHECK FEES: \$ _____

RECEIPT #: _____ **CUSTOMER #:** _____
 IFAS#: _____ EST INITIALS: _____
 TMPL#: _____ SUB INITIALS: _____
 TMPL#: _____ TMPL#: _____
 TMPL#: _____ WMPB#: _____

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

EXISTING BUILDINGS

CHECK ALL THAT APPLY TO YOUR SCOPE OF WORK

INT. ALT. _____ sq.ft. DEMOLITION _____ sq.ft.
 EXT. ALT. _____ sq.ft. REPAIR _____ sq.ft.
 ADDITION _____ sq.ft. PARKING LOT _____ sq.ft.
 NO. OF SPACES _____

NEW BUILDINGS ONLY

COMMERCIAL: Complete data sheet for multiple buildings.

TOTAL NUMBER OF BUILDINGS: _____
 TOTAL SQ. FT. OF ALL BUILDINGS: _____

RESIDENTIAL: Complete data sheet for multiple floor plans.

CHECK ONE: MODELS PRODUCTION
 CHECK ONE: SFD DET CONDO
 CHECK ONE: ATT CONDO APT

TOTAL NUMBER OF DWELLING UNITS: _____
 TOTAL SQ. FT. OF DWELLING UNITS: _____

APPLICANT SIGNATURE	PRINT APPLICANT NAME	DATE
---------------------	----------------------	------



SUBMITTAL DATE: _____
PLAN CHECK #: _____
TEMPLATE #: _____

RESIDENTIAL TAKE-OFF SHEET

PROJECT ADDRESS

ELECTRICAL ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
E4R	Electrical Appliances (Hard Wired)	
E7.1R	New Branch Circuit	
E4R	Fixtures (Lighting, Ceiling fans), Smoke Detectors (Hard Wired)	
E6.1R	New Meter/Service	
E7R	Outlets/Switches	
E19/20	Panelboard/Switchboard	
E5.7	Power Apparatus Over 10 KVA/HP/KW	

MECHANICAL ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
M2A	Furnace, up to 100,000 BTU	
M2A	Furnace, over 100,000 to 500,000 BTU	
M4R	Environmental Exhaust Fans (i.e. Kitchen/Range Hood, Bathroom, Clothes Dryer)	
M8R	Registers and Grills	
M14R	Incidental Gas Piping	
M15R	Install and/or Relocate Space Heater (Fireplace, Wall Heater, etc.)	
M19R	Residential Air Conditioning	

PLUMBING ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
P2R	Plumbing Fixtures (Including Sump Pumps, Sewage Ejectors, Back Flow Devices)	
P3R	Dishwasher	
P4R	Garbage Disposal	
P5R	House Sewer (Line or Connection)	
P12R	Water Heater and/or Vent	
P13R	Gas Outlets	
P17R	Repair/Alter to Water Piping (Including Water Treatment Systems such as Softeners and Filters)	
P18R	Repair/Alter to Waste and Vent Piping	



ORANGE COUNTY FIRE AUTHORITY

SFR

Plan Submittal Criteria Form

Required for Single Family or Duplex Residences
(Use Commercial form for lots with 3+ dwelling units or new residential tracts)

Complete the Project Information and Questionnaire below, then sign and date the Applicant Certification.

Project Information

New Single Family Residence/Duplex
 Addition/Remodel
 ADU
 Other

Address:	Unit #:	City or Unincorporated County Area:	ZIP:
Scope of Work:			
Existing Area:	Area to be Added:	Total Resulting Area:	Stories: Area Added in Past 2 Years (excluding this project):

Questionnaire

	Yes	No		OCFA Plan Type if "Yes"
1.	<input type="checkbox"/>	<input type="checkbox"/>	New – Is this a new single family residence or duplex?	<i>*(PR160) Residential Site with Water Availability (PR400-402) Fire Sprinkler</i>
2.	<input type="checkbox"/>	<input type="checkbox"/>	ADU – Is this a new Accessory Dwelling Unit (ADU) on the same property as a house that already has fire sprinklers or a house that will have fire sprinklers added as part of this project?	<i>(PR400-402) Fire Sprinkler</i>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Addition – Is this (A) an addition to a currently sprinklered building, or (B) an addition requiring a fire sprinkler retrofit based on a threshold set by local ordinance?	<i>(PR400-402) Fire Sprinkler</i>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Distance – Is the most remote portion of the addition, ADU or other detached structure greater than 140-feet from the fire access roadway?	<i>*(PR160) Residential Site</i>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Total Area – Will the addition result in a total area of greater than 3,600 square feet (sf) for non-sprinklered buildings, or greater than 6,200 sf for sprinklered buildings, including the area of all enclosed spaces, such as garages, stairs, and detached structures separated by less than 10-feet?	<i>*(PR160) Residential Site with Water Availability</i>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Remodel – Is this a remodel of a sprinklered building with a scope of work that includes adding or removing any interior walls? Note: If "Yes", then project must be evaluated by a C-16 licensed contractor to determine if a fire sprinkler modification is needed.	<i>(PR400-402) Fire Sprinkler</i>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Detached Structure – Is this a new detached utility or accessory structure (not an ADU), such as a garage, workshop, game room, pool house, barn, etc., requiring fire sprinklers based on a threshold set by local ordinance?	<i>*(PR160) Residential Site (PR400-402) Fire Sprinkler</i>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Gate – Is a gate being installed across a driveway or road that is designated as a fire department access roadway, or a driveway or road that serves more than a single home/duplex?	<i>(PR180) Gate</i>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Methane – Is project located in or less than 100' from a "Division of Oil, Gas, and Geothermal Resources" (DOGGR) field boundary or well (active or abandoned), less than 300-feet from an oil/gas seep, or less than 1000-feet from a landfill? (Note: For projects in Yorba Linda, this requirement only applies to new homes, enclosed accessory structures, addition to existing structure greater than 1000 sf, and ADU's).	<i>*(PR160) Residential Site *(PR172-174) Methane Test/Mitigation Plans</i>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Vegetation – Is the property/structure (A) on the perimeter of a community containing, or adjacent to slopes or hills, or (B) adjacent to an open space or wildland area containing non-irrigated vegetation, or (C) in a State Responsibility Area or Local Responsibility Area "Fire Hazard Severity Zone", as defined by the State, or (D) near an area that could be affected by a wildfire in the open space.	<i>*(PR125) Fuel Modification (PR182) Accessory Structure</i>

*OCFA approval required before issuance of a grading/building permit. All other plans types may be deferred submittals.

Applicant Certification

I certify, under penalty of perjury, under the laws of the State of California, that the information above is true:

Print Name: _____ Signature: _____ Date: _____
 Phone Number: _____ Email: _____

Attention Building Department Staff – After you've verified all questions were answered accurately as "No", then you may accept this signed form as a written release that an OCFA review is not required. If any questions were answered as "Yes", then the plan type on the right side may be required.



COMMUNITY DEVELOPMENT / PUBLIC WORKS

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Irvine legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Irvine, is considered to be the true, accurate, and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Irvine's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/ Digital Signature Disclosure.

SIGNATURE

DATE