

COMMERCIAL

The following indicated items are required for a complete application:

- Required
- I. City of Ceres
 - A. "Application for Permit(s)"
 - II. Owner/ Builder application and proof of ownership or Contractor must be on our "Contractor Information System"
 - III. Three (3) sets of the following:
 - A. Energy Calculations (CF-1R, MF-1R must be blueprinted on plans)
 - B. Soils Engineer's Report
 - C. Truss Engineering & Layout (must have engineer's wet signature) if trusses are being used
 - D. Structural Calculations (must have engineer's wet signature)
 - E. Stanislaus County Environmental Resources
 - 1. Environmental Health Division - if required
 - 2. Air Pollution Control District - if required
 - 3. Hazardous Materials Division - if required
 - F. Planning Commission Requirements
 - 1. Architectural Site Plan Approval - if required
 - 2. Plan Community Development Plan - if required
 - 3. Use Permit - if required
 - G. Scaled plans (1/4" = 1'-0") which include the following:
 - 1. Foundation
 - 2. Floor Plan
 - 3. Exterior Elevations (all views)
 - 4. Electrical Plan
 - a. site plan
 - b. power
 - c. lighting
 - d. one-line power diagram
 - 5. Mechanical Plan
 - 6. Plumbing Plan
 - 7. Building Sectional Drawings (two directions)
 - 8. Wall Sections
 - 9. Details
 - a. foundation
 - b. framing
 - c. bracing (walls and roofs)
 - d. sheer wall
 - e. exterior
 - f. roof
 - g. _____
 - 10. Interior Elevations
 - 11. Energy Compliance Forms
 - 12. Roof Plan
 - 13. Rafter, Floor and Ceiling Joist Layout (if trusses are not being used)
 - 14. Site Plan
 - 15. Civil Plans - including grading
 - 16. Window and Door Schedule
 - 17. Landscape Plans
 - 18. Equipment Layout and Schedule
 - IV. Plan Check Fee Paid - if more than \$1,000.00 worth of work is being done

Phone 209-538-5753

CITY OF CERES

Fax 209-538-5752

COMMERCIAL

APPLICATION FOR PERMIT(S)

IMPORTANT: AN INCOMPLETE APPLICATION WILL RESULT IN A DELAY IN THE ISSUANCE OF YOUR PERMIT.

PLEASE PRINT

APPLICATION FOR: BUILDING PLUMBING ELECTRICAL MECHANICAL

Job Address: _____ City: _____

Legal Description: _____
(subdivision name, lot number, block number or parcel number)

Owner: _____ Address: _____

City/State/Zip: _____ Phone: (____) _____

Contractor: _____ Address: _____

City/State/Zip: _____ Phone: (____) _____

Contractors License Number: _____ Class: _____ Fax: (____) _____

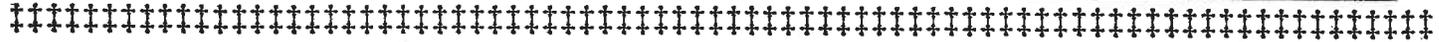
Designer: _____ Address: _____

City/State/Zip: _____ Phone: (____) _____

License Number: _____ Expiration Date: _____ Fax: (____) _____

Describe Work to be Done: _____

Total Valuation: \$ _____ Square Feet Total: _____



HAZARDOUS MATERIALS:

- a. After reviewing the Hazardous Material Information Sheet #3, Please indicate if your project needs to comply with the applicable Hazardous Material requirements. YES NO
- b. If a business, is your project within 1,000 feet of the outer boundary of a school? YES NO

BEFORE to issuing a permit, the information listed below is REQUIRED by the Building Inspection Division unless other arrangements are made and approved by the Building Official.

- Four (4) Sets of Plans YES NO
- Four (4) Sets of Plot Plans YES NO
- Two (2) Sets of Energy Calculations YES NO
- Two (2) Sets of Truss Engineering (if used) YES NO
- Two (2) sets of Structural Calculations YES NO
- Handicap Access Plans YES NO
- Proof of Ownership (Owner/Builder) YES NO
- Owner/Builder Declaration YES NO
- Hazardous Material Questionnaire (If you answer yes to items a. or b. above) YES NO

--SEE OTHER SIDE FOR ADDITIONAL INFORMATION--

I have carefully examined the above completed "Application for Permit(s)" and do hereby certify that all information hereon is true and correct. I further certify and agree to pay all fees associated with the processing of the "Application for Permit(s)" including, but not limited to, Plan Check fees, whether or not a permit is in fact issued.

Applicants Signature Print Applicants Name Date

OWNER / CONTRACTOR / AGENT (CIRCLE ONE)