RESET SUBMIT

California State University Dominguez Hills
Planning, Design & Construction

BUILDING PERMIT

BUILDING PERMIT
To be completed by Applicant

Permit Number:

Date Filed:	Applicant's Name:	Phone Number:

Issue Date:

Location of Work (Building Name and Room Number)

Permit expires if work is not started within 180 days of Permit issuance or 180 days from last inspection.

Description of all work to be performed:

Permit To:

Are plans and specifications provided: ☐ Yes ☐ No

If no, give reason:

Work to be performed by:

☐ Contractor ☐ Campus Trades ☐ Dept. Staff ☐ Other

Building Information

Stories	Type Const.
Occupancy	Sq. Ft.

PLAN REVIEW
To be completed by Building Official

University projects are required by statute to be reviewed by other agencies to assure compliance with current code requirements. Provide documentation of approval from the agencies listed below, if box is checked.

- ☐ State Fire Marshal (SFM), C.C.R. Title 19 & 24
- ☐ Division of State Architect (DSA), C.C.R., Title 24
- ☐ Code Compliance Plan Review
- ☐ Seismic Review Board
- ☐ Los Angeles County Department of Public Health

Approvals/Date

SFM _____

DSA _____

Code _____

Seismic _____

Health _____

This application is being returned to the Applicant and issuance of Permit is withheld until above-noted agency approval is provided or the following conditions are met:

Conditions:

Inspections:

- ☐ As noted above
- ☐ SFM
- ☐ Plumbing
- ☐ Electrical
- ☐ Special

Reviewed: _____

Campus Deputy Building Official Date

Project Value: $ _____ 2% Fee $ 0.00

The above-named project has been reviewed and found in conformance with the applicable codes and standards by those authorities having jurisdiction established by statute and University policy. If noted above that particular outside reviews are determined to be inapplicable, I have determined through direct review and personal knowledge that the project is compliant with all governing codes and standards.

Approved: _____

Campus Deputy Building Official Date