



Application Date:	
Permit Number:	
Project Name:	
Assessor's Parcel Number:	

Proposed Primary Structure Use:

- Assisted Living Church Hospital Medical Facility
 Multi-Family One and Two-Family School Other

Additional Structure Information (select one category):

One and Two-Family:

Number of Dwelling Units:	
Accessory Dwelling Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Multi-Family:

Number of Dwelling Units:	
Accessory Dwelling Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

All Others:

Total Square Footage:	
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Voluntary Fire Sprinkler Installation? Yes No

Provide copy of Water Availability/Fire Flow from water purveyor.