



# City of Needles

817 Third Street • Needles, CA 92363  
Phone (760) 326-5740 x 317 • Fax (760) 326-5008 or (760) 326-6765

## CONSTRUCTION PERMIT APPLICATION

**TYPE OF PERMIT**     Combination     Building     Remodel     Electrical     Plumbing     Mechanical     Solar     Grading  
 Retaining Wall     Parking Lot     Demolition     Moving     Other \_\_\_\_\_

**Project Address** \_\_\_\_\_ **Use Zone** \_\_\_\_\_  
**Lot Number** \_\_\_\_\_ **Block** \_\_\_\_\_ **Tract** \_\_\_\_\_ **Assessor's Number (APN)** \_\_\_\_\_

**Owner** \_\_\_\_\_ **Address** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
**Contractor / Builder** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Lic No.** \_\_\_\_\_  
**Architect / Designer** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Lic No.** \_\_\_\_\_  
**Tenant** \_\_\_\_\_ **Address** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**Occupancy & Group** \_\_\_\_\_  
**Type of Construction:** \_\_\_\_\_

**Foundation:**     Wood     Concrete     Slab     Piers / Caissons

**Frame:**     Wood Stud     Metal     Timber     Masonry

**Exterior Wall:**     Wood Siding     Stucco     Masonry Veneer  
 Masonry     Brick     Concrete Block     Metal

**Roof:**     Built-up     Metal     Composition Shingle     Tile  
 Wood Shingle / Shake

**Heating**     Electric     Gas Furnace     Gas Wall     Solar

**State Requirements:**     Energy     Sound     Handicapped

### SPECIAL CONDITIONS / NOTES:

Please Select method of Plans Submitting?

### VALIDATION

APPLICATION SIGNATURE

~Signature Required~

Print Name

Date

No of Plans

### Project Information

**Type of Project:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Structure:**    Setbacks: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Floor Area \_\_\_\_\_ Garage \_\_\_\_\_ Barn \_\_\_\_\_ Storage \_\_\_\_\_

Carport \_\_\_\_\_ Covered Porch \_\_\_\_\_ Deck \_\_\_\_\_

No. Bedrooms \_\_\_\_\_ No. Bathrooms \_\_\_\_\_ No. Stories \_\_\_\_\_

Building Height \_\_\_\_\_

**Retaining Wall Information:**    Length: \_\_\_\_\_ Height: \_\_\_\_\_

Material: \_\_\_\_\_

**Mobile / Modular Home Information:**    Manufacturer \_\_\_\_\_

Year \_\_\_\_\_ Serial No. \_\_\_\_\_ D.O.H. No. \_\_\_\_\_

D.M.V. Lic No. \_\_\_\_\_ State \_\_\_\_\_ No. Bedrooms \_\_\_\_\_

**Moving Building Information:**    Present Location \_\_\_\_\_

Locality \_\_\_\_\_ Present Use \_\_\_\_\_

Proposed Use \_\_\_\_\_ Tot. Lin. Ft. of Fdtn. \_\_\_\_\_

**Grading Information:**    Tot. Cut \_\_\_\_\_ Cu. Yd. \_\_\_\_\_

Total Fill \_\_\_\_\_ Cu. Yd.    Area of Disturbance \_\_\_\_\_

**TOTAL VALUATION** ..... \$ \_\_\_\_\_

Plan Check No. \_\_\_\_\_ \$ \_\_\_\_\_

Combination Permit ..... \$ \_\_\_\_\_

Building Permit ..... \$ \_\_\_\_\_

Electrical Permit ..... \$ \_\_\_\_\_

Plumbing Permit ..... \$ \_\_\_\_\_

Mechanical Permit ..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PERMIT FEES** \$ \_\_\_\_\_

Construction Unit Tax \$ \_\_\_\_\_

**TOTAL FEES** \$ \_\_\_\_\_

### REQUIREMENTS

Water Fees to be Paid     City Business License

Fire Hydrants for Const.     Encroachment Permit

Sewer Fees to be Paid     State Contractor's License

\_\_\_\_\_     \_\_\_\_\_