



California State
University

FACILITIES SERVICES

C H A N N E L
I S L A N D S

FOR FACILITIES SERVICES USE ONLY

PERMIT NUMBER:

PROJECT VALUATION: \$

PERMIT FEES: \$

PERMIT APPLICATION (PLEASE COMPLETE ALL APPLICABLE SPACES)										
PROJECT ADDRESS:						LOT NO.:				
						AP NO.:				
OWNER'S NAME:						PHONE:				
ADDRESS:						E-MAIL:				
PROJECT CONTACT (if different):						PHONE:				
NAME:						E-MAIL:				
ADDRESS:										
ARCHITECT, ENGINEER, DESIGNER:						PHONE:				
						E-MAIL:				
ADDRESS:						STATE LICENSE NO.:				
CONTRACTOR:						PHONE:				
						E-MAIL:				
ADDRESS:						STATE LICENSE NO.:				
<input type="checkbox"/> PROJECT DESCRIPTION:									PROJECT AREA (S.F./ACRES) [if applicable]:	
<input type="checkbox"/> PLUMBING (Please provide quantity/spec. information for all applicable Fixtures/Services/Devices):										
BATH/SHWRS:	CLOTHES WASHERS:	DISH WASHERS:	GARB DISP:	LAVS:	LAV TYPES: BAR / KITCHEN / OTHER	FLOOR/MOP SINKS:	TOILETS: URINALS:	WATER HTRS:	ROOF/FLOOR DRAINS:	SHOWER PANS:
BLDG SEWER:	GREASE TRAPS:	SAMPLE WELLS:	WATER SYSTEM:	LAWN SPKLR:	BACKFLOW DEVICES:	GAS FUEL OUTLETS:	IN-GROUND POOL/SPA:	ABOVE	LAUNDRY TRAY:	MISC:
<input type="checkbox"/> MECHANICAL (Please provide quantity/spec. information for all applicable Items/BTUH/TONS/CFM):										
HEATING SYSTEM:	AIR COND. SYSTEM:	DUCT ONLY (BRANCHES):	EVAP. COOLER:	AIR HANDLERS:	EXHAUST FANS:	HOODS:	HZDRS	PROCESS PIPING: NON	GAS	
<input type="checkbox"/> ELECTRICAL (Please provide quantity/spec. information for all applicable Items/AMPS/HP/ETC):										
SERVICE/SUB-PNLS: AMPS:	TEMP POWER: MAIN:	MOTORS: HP:	NEW AREA: S.F.:	OUTLETS: SWITCHES:	SIGNS (CKTS):	GENERATORS: QTY:	WATTS:			
NO.:	SUB: TYPE? POLE / PEDESTAL	TRANSFORMERS: SIZE: QTY:	GARAGE S.F.:	LIGHT FIXTURES:	POOL/SPA:	MISC:				
NEW SERVICE? YES NO										
<input type="checkbox"/> SIGNS		QTY:	TYPE:	AREA (S.F.):	ILLUMINATED <input type="checkbox"/>	NO. OF CIRCUITS:	NON-ILLUMINATED <input type="checkbox"/>			
<input type="checkbox"/> FIRE/LIFE SAFETY		UNDERGROUND LENGTH:	OVERHEAD AREA (S.F.):	NEW TENANT IMPROVEMENT? <input type="checkbox"/>	FIRE SUPPRESSION SYSTEM <input type="checkbox"/>	ALARM SYSTEM <input type="checkbox"/>	NO. OF DEVICES:			
SPECIAL CONDITIONS (Including additional information for above items):										
THE ABOVE AND ATTACHED INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.										
_____						_____				
APPLICANT SIGNATURE						DATE				