



**Building and Fire  
Permit Application**  
Please Print Clearly

Building & Fire Prevention  
17575 Peak Ave  
Morgan Hill, CA 95037-4128  
Phone: (408) 778-6480  
Fax: (408) 779-7236  
[www.morganhill.ca.gov](http://www.morganhill.ca.gov)

**Building Address** \_\_\_\_\_ Suite # \_\_\_\_\_  
 Assessor's Parcel # \_\_\_\_\_ Tract/PM # \_\_\_\_\_ Lot # \_\_\_\_\_  
 Geologic Hazard Zone:  Yes  No Flood Zone:  Yes  No Year Built \_\_\_\_\_

<p><b>Property Owner:</b>          Name _____          Mailing Address _____          City/State/Zip _____          Phone Number _____          Email _____  <input type="checkbox"/> Owner / Builder <input type="checkbox"/> Owner w/ Contractor</p> <p><b>Architect / Designer:</b>          Name _____          Mailing Address _____          City/State/Zip _____          Phone Number _____          Email _____          License # _____ Exp. Date: _____</p> <p><b>Contractor:</b>          Name _____          Mailing Address _____          City/State/Zip _____          Phone Number _____          Email _____          State License # _____ Exp. Date: _____          MH Bus. License # _____ Exp. Date: _____</p>	<p><b>Business Owner / Tenant:</b>          Name _____          Mailing Address _____          City/State/Zip _____          Phone Number _____          Email _____</p> <p><b>Engineer:</b>          Name _____          Mailing Address _____          City/State/Zip _____          Phone Number _____          Email _____          License # _____ Exp. Date: _____</p> <p><b>Workers' Compensation Information:</b>          Carrier _____          Name of Agent _____          Phone Number _____          Policy # _____ Exp. Date: _____</p>
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Residential  Commercial / Industrial Type:  New  Addition  Alteration  Repair  Demolition

**Description of Proposed Work:** \_\_\_\_\_

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**Construction Valuation \$** \_\_\_\_\_  
*(Labor & Material)*

Commercial Floor Area _____ (sq ft)	Number of Units _____	Existing Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Floor Area _____ (sq ft)	Number of Stories _____	
Garage Floor Area _____ (sq ft)	Number of Bedrooms _____	Grading: Cubic Yards Cut: _____
Deck _____ (sq ft)	Number of Bathrooms _____	Cubic Yards Fill: _____
Porch _____ (sq ft)	Type of Construction _____	
Patio Cover _____ (sq ft)	Occupancy Group _____	
Accessory Structure _____ (sq ft)	Occupancy Load _____	

Office Use Only

Date Submitted: _____	Permit #: _____	Master Plan #: _____
Plan Check Fee: _____	LRP Fee: _____	Total: _____

**Check Applicable**

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Grading	<input type="checkbox"/> Fire
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**Electrical Permit**

No. Receptacles/Outlets:_____	No. Switches:_____	No. Lighting Fixtures:_____	<input type="checkbox"/> Conduit	<input type="checkbox"/> Conductors
<input type="checkbox"/> Disconnect	<input type="checkbox"/> EV Charger	<input type="checkbox"/> Generator	<input type="checkbox"/> Irrigation Pedestal	<input type="checkbox"/> Meter Upgrade/Repl.:_____ Amps
<input type="checkbox"/> Motors	<input type="checkbox"/> PV System	<input type="checkbox"/> PV Battery Backup _____ No.	<input type="checkbox"/> Pool Pump	<input type="checkbox"/> Sign
<input type="checkbox"/> Spa	<input type="checkbox"/> Sub Panel/Load Center: _____ No.			
<input type="checkbox"/> Temp Power Pole				
<input type="checkbox"/> Temp Service Panel				
<input type="checkbox"/> Temp Power Distribution System				
<input type="checkbox"/> Other _____				

**Mechanical Permit**

<input type="checkbox"/> Condensing Unit (A/C) _____ No.	<input type="checkbox"/> Ducts	<input type="checkbox"/> Evaporator Coil	<input type="checkbox"/> Fans	<input type="checkbox"/> Furnace: _____ No.	<input type="checkbox"/> Gas Fireplace
<input type="checkbox"/> Kitchen Hood					
<input type="checkbox"/> Pool Equipment					
<input type="checkbox"/> Other _____					

**Plumbing Permit** (Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Impact Fees)

<input type="checkbox"/> Re-pipe Fixtures: No. Sinks_____	No. Tubs _____	No. Showers_____	No. Toilets _____	No. Traps_____
<input type="checkbox"/> Back Flow	<input type="checkbox"/> Building Sewer	<input type="checkbox"/> Gas Test	<input type="checkbox"/> Gas Line	<input type="checkbox"/> Gas Meter Upgrade
<input type="checkbox"/> Thermal Solar	<input type="checkbox"/> Roof Drain			
<input type="checkbox"/> Sewer Drain				
<input type="checkbox"/> Sewer Lateral				
<input type="checkbox"/> Storm Drain				
<input type="checkbox"/> Water Service				
<input type="checkbox"/> Water Heater				
<input type="checkbox"/> Other _____				

**Fire Permit** (Note: All Fire permits issued separately from Building permits)

Residential Fire Sprinklers	<input type="checkbox"/> SFD/Townhome	<input type="checkbox"/> Apartment/Condo: No. of Apt/Condo Units: _____
Commercial Fire Sprinklers	<input type="checkbox"/> New Construction: _____ No. of Heads	<input type="checkbox"/> Tenant Improvement: _____ No. of Heads
<input type="checkbox"/> Fire Alarm: _____ No. of Devices	<input type="checkbox"/> Backflow: _____ No.	<input type="checkbox"/> Medical Gas System
<input type="checkbox"/> On-Site Hydrant: _____ No.		
<input type="checkbox"/> Suppression System		
<input type="checkbox"/> Underground Piping		
<input type="checkbox"/> Other _____		

**Re-roof Permit** (Note: Class 'A' Roof Is Required For Any Home(s) Inside The Fire Hazard Zone)

Removing _____	Installing _____	No. of Squares_____	Pounds of Felt _____
Life Time of Roof: <input type="checkbox"/> 30yr.	<input type="checkbox"/> 40yr.	<input type="checkbox"/> 50yr.	Sheathing Thickness_____
<input type="checkbox"/> New			
<input type="checkbox"/> Existing			
<input type="checkbox"/> N/A			

**Plan Check Responses To Be Sent To** (Please check only one)

<input type="checkbox"/> Owner	<input type="checkbox"/> Architect / Designer	<input type="checkbox"/> Engineer	<input type="checkbox"/> Contractor	E-mail Address: _____
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**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only**

<b>Fees:</b>							
Building Permit			Counter Plan Check			Bldg Compliance	
Electrical			LRP Fee 15% - PC			Inspection/RedTag	
Mechanical			Add't Plan Check			Addressing	
Plumbing			Microfilm			Photo Copies	
Fire			CBSC			Other	
LRP Fee - 15%			Seismic			<b>Total Fees:</b>	