



**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

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

<p>Property Owner: Name _____ Mailing Address _____ City/State/Zip _____ Phone Number _____ Email _____ <input type="checkbox"/> Owner / Builder <input type="checkbox"/> Owner w/ Contractor</p> <p>Architect / Designer: Name _____ Mailing Address _____ City/State/Zip _____ Phone Number _____ Email _____ License # _____ Exp. Date: _____</p> <p>Contractor: Name _____ Mailing Address _____ City/State/Zip _____ Phone Number _____ Email _____ State License # _____ Exp. Date: _____ MH Bus. License # _____ Exp. Date: _____</p>	<p>Business Owner / Tenant: Name _____ Mailing Address _____ City/State/Zip _____ Phone Number _____ Email _____</p> <p>Engineer: Name _____ Mailing Address _____ City/State/Zip _____ Phone Number _____ Email _____ License # _____ Exp. Date: _____</p> <p>Workers' Compensation Information: 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: _____

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

Building Electrical Mechanical Plumbing Grading Fire

Electrical Permit

No. Receptacles/Outlets: _____ No. Switches: _____ No. Lighting Fixtures: _____ Conduit Conductors
 Disconnect EV Charger Generator Sign Irrigation Pedestal Meter Upgrade: _____ Amps
 Motors Photovoltaic Total KW _____ Pool Pump Spa Sub Panels: _____ No. Temp Power Pole
 Temp Service Panel Temp Power Distribution Systems: No. _____ Other _____

Mechanical Permit

Condensing Unit (A/C) Ducts Evaporator Coil Fans Furnace: _____ BTU's New Replacement
 Gas Fireplace Kitchen Hood Pool Equipment Other _____

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

Re-pipe Fixtures: No. Sinks _____ No. Tubs _____ No. Showers _____ No. Toilets _____ No. Traps _____
 Back Flow Building Sewer Gas Test Gas Line Gas Meter Upgrade Thermal Solar Water Service
 Sewer Drain Sewer Lateral Storm Drain Water Service Water Heater Other _____

Fire Permit

Fire Alarm: No. of Devices _____
 Residential Fire Sprinklers: SFD/Townhome Apartment/Condo No. of Apt/Condo Units: _____
 Commercial Fire Sprinklers: No. of Heads _____ New Construction Tenant Improvement
 Suppression System Underground Piping/Hydrant System 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: 30yr. 40yr. 50yr. Sheathing Thickness _____ New Existing N/A

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

Owner Architect / Designer Engineer Contractor E-mail Address: _____

Print Name _____ **Signature** _____ **Date** _____

For Office Use Only**Fees:**

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		Total Fees:	