



# BUILDING PERMIT APPLICATION

City of Hawaiian gardens  
 Community Development Department  
 21815 Pioneer Boulevard, Hawaiian Gardens, CA 90716  
 Ph: (562) 420-2641 · Fax: (562) 420-8521  
[www.hgcity.org](http://www.hgcity.org)

## PROJECT INFORMATION

**APPLICATION NUMBER:**

**To Be Completed By Applicant**

Project Address:		Current Use:	Proposed Use:
Project /Tenant Name:			
Type of Project	<input type="checkbox"/> New <input type="checkbox"/> Alter/Repair <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Tenant Improve		
Type of Building	<input type="checkbox"/> Single Family/Duplex <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Commercial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Misc Structure		
Permit(s) Requested	<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Combination <input type="checkbox"/> Grading <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Misc <input type="checkbox"/> Demo		
Description of Work:			<b>Valuation:</b>
Applicant's Signature:			Date:

## OWNER INFORMATION

Name		Phone No.	
Address		Fax No.	
City	state	zip	E-mail

## APPLICANT INFORMATION

Name		<input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor' Agent <input type="checkbox"/> Contractor	
Address		E-mail	License
City	state	zip	Phone No.                      Fax No.

## CONTRACTOR INFORMATION

Name		Company		License
Address		E-mail		Classification
City	state	zip	Phone No.	Fax No.

## BUILDING & SAFETY STAFF USE ONLY

Occupancy Group At Project Completion:	Construction Type (s):	<input type="checkbox"/> I-F.R.	<input type="checkbox"/> II-N	<input type="checkbox"/> IV-H.T.	Fire Sprinkler:	
		<input type="checkbox"/> II-F.R.	<input type="checkbox"/> III-ONE HOUR	<input type="checkbox"/> V-ONE HOUR	YES	NO
		<input type="checkbox"/> II-ONE HOUR	<input type="checkbox"/> II-N	<input type="checkbox"/> V-N		
# Buildings:	# Stories:	<b>APPROVALS:</b>		Building & Safety:	City Planning:	
# Units:	Total S.F. Of This Project:			CK #	Amount:	

