



CITY OF EL CENTRO
BUILDING PERMIT APPLICATION
 1275 Main Street
 El Centro, CA 92243
 (760) 337-4508
 Fax (760) 337-2319

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| Permit Fee: |
| Application Date: |
| Building Permit #: |
| Valuation: |

This permit is to be issued in the name of the Licensed Contractor or the Property Owner as the permit holder of record who will be responsible and liable for the construction.

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> NEW RESIDENTIAL <input type="checkbox"/> NEW COMMERCIAL <input type="checkbox"/> NEW POOL <input type="checkbox"/> NEW SIGN <input type="checkbox"/> GARAGE ENCLOSURE | <input type="checkbox"/> RESIDENTIAL REMODEL <input type="checkbox"/> COMMERCIAL REMODEL <input type="checkbox"/> FIRE ALARMS <input type="checkbox"/> FIRE SPRINKLERS <input type="checkbox"/> OTHER _____ |
|---|--|---|

| | | | |
|---|--------------------------|--|----------------------------|
| Project Address: | | Contact Information: | |
| Property Owner: | | Name: | Phone#: |
| Phone #: | | Email: | |
| Existing Use: | | Assessors Parcel Number: | |
| Proposed Use:: | | Zoning: | |
| (Commercial only) | | If this is a RESIDENTIAL permit, does dwelling have an attached garage or gas appliances? **IF YES FILL OUT FORM ON BACK OF APPLICATION** | |
| OWNER/BUILDER: | | YES | NO (Circle One) |
| **IF YES FILL OUT OWNER BUILDING INFORMATION FORM** | | | |
| WARNING – Structures built prior to 1978 may contain lead-based paint. The Owner/Contractor understands and agrees that an EPA Certified Firm shall be used for the disturbance of any painted surfaces or materials. Property to be renovated was built before 1978. YES NO If YES, any paint disturbing work will be done by or supervised by an RPP Certified Individual. Failure to follow this rule may result in enforcement action by the EPA. | | | |
| Prime Contractor: | | Phone #: | Business License #: |
| Contractor Address: | | State License #: | |
| DETAILED DESCRIPTION OF WORK: | | | |
| | | | |
| EXPIRATION OF PLAN REVIEW: APPLICATIONS FOR WHICH NO PERMIT IS ISSUED WITHIN 180 DAYS FOLLOWING THE DATE OF APPLICATION SHALL EXPIRE BY LIMITATION, AND PLANS AND OTHER DATA SUBMITTED FOR REVIEW MAY THEREAFTER BE RETURNED TO THE APPLICANT OR DESTROYED. REQUESTS FOR A 180 DAY PLAN CHECK EXTENSION MUST BE MADE IN WRITING TO THE BUILDING OFFICIAL PRIOR TO THE EXPIRATION DATE. | | | |
| Applicant's Signature: | | | *Application Date: |
| OFFICE USE ONLY | | NOTES: | |
| APPROVALS REQUIRED: | | | |
| | PLANNING | | |
| | ENGINEERING/PUBLIC WORKS | | |
| | ESGIL | | |
| | HEALTH DEPT. APPROVAL | | |
| | SCHOOL FEES/APCD | | |
| | OWNER BUILDER FORM | | |



**City of El Centro
Building and Safety/Code Enforcement Division**

**Smoke Detector and Carbon Monoxide
Self Certification**

This Certification is to be filled out by the Permittee

Project Address: _____

I, the undersigned, hereby certify that I am the permittee of the project. I further certify that smoke alarms and carbon monoxide alarms are present and tested to be functional in all the following locations:

California Residential Code (CRC) Section R314.1, CRC R315.2 states in part that existing dwellings be “retrofitted with smoke detectors and carbon monoxide detectors when a building permit is issued for, work or repairs to a building that is valued at \$1,000 or more.” CRC Section R314.3, CRC R315.3 defines required locations.

Both boxes below must be checked.

- Carbon Monoxide Alarm: On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of the bedrooms or in each hallway outside of the rooms, and each level of the dwelling.
- Smoke Alarms: Installed in each room used for sleeping purposes, outside each sleeping area, and on each level of the dwelling unit.

Retrofitted detectors may be battery operated. Multiple-purpose alarms (Carbon monoxide and smoke alarms) shall comply with all applicable standards, and requirements for listing and approval by the State Fire Marshall.

Signature: _____

Date: _____