

**MISCELLANEOUS CONSTRUCTION TO
EXISTING SINGLE FAMILY RESIDENCES**

Applicant _____
Mailing Address _____ City _____
Home Phone No. _____ Work Phone No. _____

Property Owner's Name _____
Address _____ City _____
Home Phone No. _____ Work Phone No. _____

PROPOSED PROJECT INFORMATION: Address: _____
Project Valuation: Complete form on reverse Reroof Sq. Footage: _____
APN: _____ Lot: _____ Block: _____ Subdivision: _____

Architect's Name _____
Address _____ City _____
Phone No. _____ State License No. _____

Contractor's Name _____
Address _____ City _____
State Contractors License No. _____ Phone No. _____ Cell No. _____

ADDITION: Square footage of addition only _____
Living area _____ Garage _____ Decks _____
No. of bedrooms _____ No. of bathrooms _____

REMODEL: (Describe) _____

ACCESSORY BUILDING: Square footage _____ Height _____
Setbacks: Rear yard _____ Side yard _____ Front yard _____

MISCELLANEOUS:
(Describe) _____

The following must be submitted with this application:
4 complete sets of plans (including plot plan, drainage plan & erosion control plan -or- 3 complete sets if project is not an addition or if addition is < 1000sf, remodel < 3600sf and valuation is < 75% of assessed value. Plan sets must include names, address & phone for preparer and property owner. A description of work. Square footage of existing living area, garage and/or decks. Square footage of new living area, garage and/or decks. Plans must include a floor plan (existing and proposed) and north, south, east and west building elevations. Structural plans including foundation, floor framing, roof framing, truss plans & calcs, cross section and structural details are required. Mechanical, electrical and plumbing plans are required for remodel and new components. 2 sets of energy calculations (if applicable) 2 sets of engineering calculations (all additions) wet stamped and signed by engineer

Applicant Signature _____
Application Date

City of Half Moon Bay

Building and Safety Division Submittal Form

Construction Cost Documentation

<i>For Office Use Only</i>
Plan check # _____
ICC Valuation \$ _____

Address: _____

TOTAL CONSTRUCTION COST

\$ _____
Contract Valuation

\$ _____
Detailed Cost Breakdown

The total valuation must include, the total value of all construction work for which the permit is issued, as well as all finish work, painting, roofing, electrical, plumbing, heating, air-conditioning, elevators, fire-extinguishing systems and any permanent equipment as well as contractor's profit and overhead.

I hereby affirm that the above information is correct and accurately represents the actual total cost of construction and that I will submit a signed copy of the contract or detailed cost breakdown to substantiate the above-stipulated valuation prior to plan check approval.

_____	_____	_____	_____
Owner/Representative	Date	Contractor	Date

<p><i>Office Use Only</i></p> <p><input type="checkbox"/> Contract or detailed cost estimate reviewed <input type="checkbox"/> Contract review not required based on Policy UBC 107-1-97</p> <p>For valuations that are not associated with listed Building Division minimums, Supervisory approval is needed.</p> <p>_____</p> <p>Staff Name</p> <p>_____</p> <p>Chief Building Official Required for valuation changes over 25% or \$100,000.</p>
--