



# Building Permit Data Sheet per Structure

Multifamily, Non-Residential, and Mixed-Use Structure Revised 12/19/18

Permit #: \_\_\_\_\_ Revision #: \_\_\_\_\_ PA#: \_\_\_\_\_ (If Applicable)  
 Master Building Permit(s): \_\_\_\_\_ (If Applicable)

Project Address:	APN:	Suite/Apt.#:
Address Range (If Applicable):		Structure#:
		<b>[Public Works]</b>
		Known Easements on the Property:
<b>[Building]</b>	<b>[Planning]</b>	<input type="checkbox"/> Public Utility
Construction Type:	Zoning:	<input type="checkbox"/> Emergency Vehicle Access
Flood Zone:	Proposed Floor Area Ratio (FAR):	<input type="checkbox"/> PGE
Wild Urban Interface Fire Area:	Proposed Lot Coverage: %	<input type="checkbox"/> Sewer
Heritage Trees on the Property:	Proposed Rear Yard Lot Coverage: %	<input type="checkbox"/> Maintenance Access
Heritage Trees to be Removed:	ZC Reasonable Accommodation:	<input type="checkbox"/> Public Access/Pedestrian
		<input type="checkbox"/> Other Easements

	Existing Residential	Proposed Residential	Existing Non-Residential	Proposed Non-Residential
<b>PARCEL INFORMATION [PLANNING]:</b>				
Number of Structures on the Parcel:				
Number of Dwelling Units on the Parcel:				
Number of Dwelling Units in the Structure:				
<b>PARKING – Number of Parking Spaces Provided on Site [Planning]:</b>				
Covered Spaces:				
Uncovered Parking Spaces:				
<b>Total Parking Spaces:</b>				
<b>BUILDING HEIGHT &amp; LEVELS/STORIES [Planning]:</b>				
Building Height (from Grade to Top of Plate):				
Building Height (from Grade to Top of Roof):				
Number of Above Grade Levels/Stories:				
Number of Basement Levels/Stories:				
<b>FLOOR AREA (in SQ FT) [Planning – Zoning Code SMMC 27.04.200]:</b>				
Existing Floor Area:				
Addition:				
Alteration/Remodel:				
Above Ground & Partially Above Ground Garage:				
Alteration/Remodel of Existing Garage:				
Demolition:				
<b>Total Garage Floor Area:</b>				
<b>Total Floor Area (incl. garage floor area):</b>				
<b>Total Ground Level Floor Area:</b>				

	Existing Residential	Proposed Residential	Existing Non-Residential	Proposed Non-Residential
<b>STRUCTURE TYPE: [Planning]:</b>				
Number of Studio Units:				
Number of 1-Bedroom Units:				
Number of 2-Bedroom Units:				
Number of 3-Bedroom Units:				
Number of 4+ Bedroom Units:				
<b>STRUCTURE INFORMATION [BUILDING]:</b>				
Year Built:				
Number of Bedrooms (Studios to be included):				
Number of Full Bathrooms:				
Number of Half Bathrooms:				
Number of Kitchens:				
<b>FLOOR AREA (in SQ FT) [BUILDING]:</b>				
Floor Area:				
Alteration/Remodel of Existing Structure:				
Garage:				
Alteration/Remodel of Existing Garage:				
Demolition:				
<b>Total Floor Area:</b>				
<b>[HOUSING]:</b>			<b>DEED RESTRICTIONS:</b>	
Very Low Income Units:			<b>Planning:</b> <input type="checkbox"/> CPID Parking <input type="checkbox"/> CPID Shared Parking <input type="checkbox"/> CPID Loss of Meter Revenue <input type="checkbox"/> ADU/JADU <input type="checkbox"/> Development Agreement <b>Housing:</b> <input type="checkbox"/> Below Market Rate <input type="checkbox"/> Density Bonus <input type="checkbox"/> Standard Wage Agreement (Linkage Fee) <b>Public Works:</b> <input type="checkbox"/> Storm Water Management Agreement <input type="checkbox"/> Other _____	
Low Income Units:				
Moderate Income Units:				
Above Moderate Income Units:				
No. of Rental Units:				
No. of For Sale Units:				
RHNA List:				

<b>RESPONSIBLE APPLICANTS SIGNATURE:</b>	
Name:	Signature:
Company:	Date:

INTERNAL OFFICE USE:	PLAN REVIEWER SIGNATURE:	DATE:
Building Division:		
Planning Division:		
Public Works Department:		
Housing Division:		