



Building PLAN REVIEW Application

City of Murrieta - Development Services Department

1 Town Square, Murrieta, CA 92562 (951) 461-6062

www.murrietaca.gov/departments/building/default.asp

PROJECT INFORMATION

Project Address			Project #			
APN	Tract	Lot	Date			
Proposed Use	<input type="checkbox"/> Add/Alt.	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial/Mfg	<input type="checkbox"/> Mfr Home	<input type="checkbox"/> Other
Occupancy/Use	Square Footage	Valuation \$				
Description of work						

PROPERTY OWNER INFORMATION

Owner		
Address		City/State/Zip
Phone #	Cell #	Email

TENANT INFORMATION

Tenant	Business Name	License #
Phone #	Cell #	Email

CONTRACTOR INFORMATION

Contractor		
State License #	License Class	Expiration
Address		City/State/Zip
Phone #	Cell #	Email

DESIGNER INFORMATION

Architect	<input type="checkbox"/>	Engineer	<input type="checkbox"/>
Business Name			License #
Address		City/State/Zip	
Phone #	Cell #	Email	

APPLICANT INFORMATION

Contact Name		
Company Name		
Address		City/State/Zip
Phone #	Cell #	Email

REQUIRED APPROVALS

For Internal Use Only Building Fire Planning Engineering/Public Works Other

ADDITIONAL PROJECT INFORMATION
MUST BE COMPLETED PRIOR TO SUBMITTAL

RESIDENTIAL

Type of Construction:		Occupancy Type:	
Fire Sprinklered:	Yes [] No []	# of Stories:	
# of Stories:	# of Dwelling Units:	# of Existing Bedrooms:	
# of Guest Rooms:	Mixed:	Remodel/Alterations Sq. Ft.:	
Sq. Ft. Detail (New/Added SF)			
Living:	Sq. Ft.	Garage:	Sq. Ft.
Carport:	Sq. Ft.	Garage Conversion:	Sq. Ft.
Patio:	Sq. Ft.	Deck:	
Balcony:	Sq. Ft.	Loft:	
# of Existing Bedrooms:		# of Proposed Bedrooms:	

NON-RESIDENTIAL

Type of Construction:		Concurrent Process Requested:		Yes []	No []
Fire Sprinklered:	Yes [] No []	Change of Use:		Yes []	No []
Existing Occupancy Type:		Proposed Occupancy Type:			
# of Stories:		# of Units:			
Remodel/Alteration:	Yes [] No []	New/Added Sq. Ft.			
T/I Sq. Ft.		Mezzanine, etc. Sq. Ft.:			
Total Area(s) of Alteration Sq. Ft. :					

FOR CITY STAFF USE ONLY

Soil Report Required	Yes []	No []	FEMA Flood Zone	Yes []	No []
Special Soils Study Zone	Yes []	No []	Alquist-Priolo Zone	Yes []	No []
Private Septic	Yes []	No []	Private Well Water	Yes []	No []

CASP ADVISORY

Based on the scope of your project, Accessibility requirements may be applicable. For more information, visit the website below:
www.leginfo.legislature.ca.gov

NPDES REQUIREMENTS

Based on the scope of your project, NPDES requirements may be applicable. For more information, visit the link below:
<https://www.murrietaca.gov/departments/engineering/water.asp>

APPLICANT'S SIGNATURE

I certify that I have read this application and state the above information is correct, and that I am the property owner, authorized agent of the property owner, or other person having a legal right, interest, or entitlement to the use of the property that is the subject of this application. I understand that the applicant is responsible for knowing and complying with the governing policies and regulations applicable to the proposed development or permit. The City is not liable for any damages or loss resulting from the actual or alleged failure to inform the applicant of any applicable laws or regulations, including before or during final inspections. City approval of a permit application, including all related plans and documents, is not a grant of approval to violate any applicable policy or regulation, nor does it constitute a waiver by the City to pursue any remedy, which may be available to enforce and correct violation of the applicable policies and regulations. I authorize representatives of the City to enter the above-identified property for inspection purposes. I have the authority and grant City staff and advisory bodies the right to make copies of any plans or reports submitted for review and permit processing for the duration of the project.

Signature:	Date:
-------------------	--------------