City of Hesperia
BUILDING AND SAFETY DIVISION

Building Permit Worksheet

Date: _____ Receipt #: _____
Jobsite Address: _____
Is this a mobile home? ☐ Res ☐ Comm
APN: _____ Lot: _____ Tract: _____
Cross street: _____
Owners _____
Address: _____
City: Zip: Phone:

Contractor Name: _____
Address: _____
City: _____ Zip: _____ Phone: _____
State: _____ Cont. License# _____ Class: _____ Exp. Date: _____
Business License#: _____ Exp. Date: _____
Worker's Comp Carrier and Policy #:

Job Description: _____
Estimated Cost of Job: $_____
Applicants Name: _____
Contact Phone Number: _____
 # Dwell Units _____ **#Stories** _____ **#Bedrooms** _____ **# Bldgs on lot** _____
Block Walls: Lineal Feet _____ City Details: ☐ Yes ☐ No
Tenant Improvement/C of O Sq. ft. _____ New sq. ft. _____
Water heater gal. Located in: ☐ Garage ☐ House

Office Use Only

RDA# _____
Setbacks: Front _____ Rear _____ Side _____ Side _____
Street _____ PUE _____ ST _____ _____
Zone _____ General Plan _____ CFD _____
Sewage ☐ Public ☐ Private Sq.ft./100 _____
SQ Ft
Livable _____ Patio _____
Portico _____
Garage _____
Porch _____

Building Permit #: _____

Business License #: _____

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LETTER OF INTENT

Jobsite Address:
Business Name:
Business Owner Name:
Business Owner Mailing Address:
Business Owner City: State: Zip:
Business Phone No.
Email Address:
Description of Business:

Square Footage:

Does the building have an Automatic Fire Sprinkler System?		Yes		No		Alarms
Are there any Class I, II, III-A Liquids?	☐ Used		Stored		Processed	
Are there any	☐ Welders	☐ Torches	☐ Other types of open flame being used:			

Provide Material Safety Data Sheets (MSDS) and quantities of all Class I, II, or III-A liquids and Hazardous Materials attached to the tenant improvement plans submitted.

Type of products or materials being: ☐ Sold ☐ Stored ☐ Manufactured

Type and number of dust producing equipment to be used:

Type and number of machinery to be used:

Number of items to be sold or produced monthly:

Number of employees:
Number of employees on largest shift: Number of shifts:
Number of company vehicles:
Approximate number of company vehicle trips per day anticipated:

Is the proposed use a care facility? ☐ Yes ☐ No
Will the care facility provide 24-hour care? ☐ Yes ☐ No
Check boxes that apply ☐ Ambulatory ☐ Non-ambulatory ☐ Bedridden
Number of clients _____
Age of clients _____

Any other information that may assist in processing your project:

Building Permit #: _____

Business License #: _____

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NON-RESIDENTIAL WASTEWATER CALCULATION FORM

The intent of this form is to calculate sewer connection fees required due to the addition of fixtures to the building. The fees shall be calculated upon approval of the plans and are due prior to final inspections by the Building & Safety Department.

Assessor Parcel No:_____ Job Address:_____ Date:_____

Owner's Name: _____

Mailing Address:_____ Tel. No.: (____)_____

PLEASE DESCRIBE PROPOSED PROJECT (Type of Business):

1. If this is a restaurant, what is the seating capacity? _____
2. Are you required to have a grease trap, clarifier, or sand trap? _____YES _____NO

PLEASE INDICATE HOW MANY OF THE FOLLOWING:

Fixture Type	# Of Existing Fixtures	# Of Proposed Fixtures	Inspector Verification (Official Use Only)
Clothes Washer			
Dishwasher			
Kitchen and Utility Sinks			
Rea Laundry Tub			
Lavatory (single)			
Lavatory (double)			
Lavatory (dental)			
Wash up / Hand Sink (ea. set of faucets)			
Dental Unit / Cuspidor			
Cup Sink (6X3X6)			
Bar Sink			
Com. Tripple Dip Sink (w/ or w/o circular spray)			
Com. Prep Sink (w/ or w/o circular spray)			
Mop Sink			
Flushing Rim Sink (hospital or clinic)			
Drinking Fountain (each waterspout)			
Bathtub (with or w/o shower)			
Shower Only (no tub)			
Urinal (step on or trough style)			
Urinal (wall hung)			
Urinal (flush tank / residential style)			
Toilets (water closet w/ tank)			
Toilets (water closet w/ flush valves / no tank)			
Floor Drain / Floor Sink			
Floor Drain (for emergency overflow)			
RV Dump Station			
RV Spaces (w/ wastewater hook-up)			

PERSON COMPLETING FORM: _____ DATE: _____

BUILDING INSPECTOR: _____ DATE: _____

COMMUNITY DEVELOPMENT COORDINATOR: _____ DATE: _____