Name: ___________________________________________ Phone #: __________________

Project Address: __________________________________ Email: __________________________

Project Description: ______________________________________________________________________

Intake Meeting Request Date (M-F): ________________ Time (8:30 a.m. – 4:00 p.m.): ________________

I. TYPE OF RESIDENTIAL PROJECT:

☐ New SFR   ☐ 2nd Unit   ☐ Addition   ☐ Conversion   ☐ Multi-Family   ☐ Manufactured

☐ Detached Accessory   ☐ Residential Stock Plan   ☐ Residential Care Facility   ☐ Other

☐ Remodel / Fire Damage; Project Valuation (materials + labor): $______________________________

* Remodel / fire damage repair permit estimates are based on valuation; SF information below not needed

II. SQUARE FOOTAGE (SF):

Dwelling SF: _______________ “Studio” (non-living) SF: _______________ Garage SF: _______________

Non-Habitable to Habitable (Space Conversion) SF: _______________ Carport SF: _______________

Patio / Porch / Deck / Trellis SF: _______________ Enclosed Patio / Porch / Sunroom SF: _______________

Unfinished Basement: _______________ Retaining Wall SF: _______________

Swimming Pool / Spa (longest length in feet): _______________; is pool heated? ☐ YES   ☐ NO

III. ADDITIONAL INFORMATION (check all that apply):

☐ Mechanical   ☐ Electrical   ☐ Plumbing

Utilities: ☐ Sewer or ☐ Septic; Adding Bedrooms on Septic? ☐ YES   ☐ NO

OCCUPANCY: ☐ R-1   ☐ R-2   ☐ R-2.1   ☐ R-3   ☐ R-3.1   ☐ R-4   ☐ U

CBC Type: ☐ VB   ☐ VA   ☐ IV   ☐ IIIB   ☐ IIIA   ☐ IIB   ☐ IIA   ☐ IB   ☐ IA

GRADING: Cut: _______________ Fill: _______________ Slope (%): _______________

New Impervious Surface (SF): _______________ Area of Disturbance (SF): _______________

Native Trees: ☐ YES   ☐ NO; if YES, tree protection fencing (#) _______; tree removals (#) _______

Note: The information provided above and may be subject to modification when actual working drawings are submitted for review.

FOR OFFICE USE ONLY

Completed by: ___________________________________________ Date: ___________________________