



City of Atascadero
Community Development Department
PUBLIC INFORMATION - BUILDING SERVICES

Community Development Department 6500 Palma Avenue Atascadero, CA 93422 (805) 461-5035 fax (805) 461-7612 permitcenter@atascadero.org

COMMERCIAL INTAKE REQUEST / FEE ESTIMATE

Name: _____ Phone #: _____

Project Address: _____ Email: _____

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

I. TYPE OF COMMERCIAL PROJECT:

Name of Business: _____

Type of Business (Occupancy): _____ City Business License #: _____

Brief Description of Work: _____

New Addition Shell Commercial Stock Plan

Tenant Improvement; Project Valuation (*material + labor*): \$ _____

**Tenant Improvement permit estimates are based on valuation; New SF information not needed.*

I. SQUARE FOOTAGE (SF):

Existing SF: _____

New SF: _____

II. ADDITIONAL INFORMATION (*check all that apply*):

Mechanical Electrical Plumbing

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

Utilities: Sewer; total number of *new* fixture units: _____

Medical Facility: Outpatient Clinic or Ambulatory Facility > 5 patients;

➤ State Licensed Clinic (OSHPD 3): YES NO

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

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

Public Improvements: YES NO; *Engineer's Estimate* \$ _____

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

Zone: _____ Classification: _____ Permitted / Conditional / Not Allowed

Completed by: _____ Date: _____