City of Atascadero

# COMMUNITY DEVELOPMENT

*PUBLIC INFORMATION • BUILDING SERVICES*

## COMMERCIAL FEE ESTIMATE

Name:_____ Phone #:_____

Project Address:_____ Email:_____

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**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.*

**II. SQUARE FOOTAGE (SF):**

Existing SF:_____

New SF:_____

**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 (#)_____

**III. SEND COMPLETED FORM TO PERMITCENTER@ATASCADERO.ORG**

*NOTE: FEE ESTIMATES ARE BASED ON THE INFORMATION PROVIDED; ACTUAL PERMIT FEES MAY VARY. RECEIPT OF A PERMIT FEE ESTIMATE DOES NOT CONSTITUTE PROJECT ACCEPTABILITY OR APPROVAL.*