COMMERCIAL

The following indicated items are required for a complete application:

I. City of Ceres
   A. "Application for Permit(s)"

II. Owner/Builder application and proof of ownership or Contractor must be on our "Contractor Information System"

III. Three (3) sets of the following:
   A. Energy Calculations (CF-1R, MF-1R must be blueprinted on plans)
   B. Soils Engineer's Report
   C. Truss Engineering & Layout (must have engineer's wet signature) if trusses are being used
   D. Structural Calculations (must have engineer's wet signature)
   E. Stanislaus County Environmental Resources
      1. Environmental Health Division - if required
      2. Air Pollution Control District - if required
      3. Hazardous Materials Division - if required
   F. Planning Commission Requirements
      1. Architectural Site Plan Approval - if required
      2. Plan Community Development Plan - if required
      3. Use Permit - if required
   G. Scaled plans (1/4" = 1'-0") which include the following:
      1. Foundation
      2. Floor Plan
      3. Exterior Elevations (all views)
      4. Electrical Plan
         a. site plan
         b. power
         c. lighting
         d. one-line power diagram
      5. Mechanical Plan
      6. Plumbing Plan
      7. Building Sectional Drawings (two directions)
      8. Wall Sections
      9. Details
         a. foundation
         b. framing
         c. bracing (walls and roofs)
         d. sheer wall
         e. exterior
         f. roof
         g. 
      10. Interior Elevations
      11. Energy Compliance Forms
      12. Roof Plan
      13. Rafter, Floor and Ceiling Joist Layout (if trusses are not being used)
      14. Site Plan
      15. Civil Plans - including grading
      16. Window and Door Schedule
      17. Landscape Plans
      18. Equipment Layout and Schedule
   IV. Plan Check Fee Paid - if more than $1,000.00 worth of work is being done
APPLICATION FOR: _BUILDING_ PLUMBING _ELECTRICAL_ MECHANICAL

Street Address: ___________________________ City: ___________________________

Legal Description: __________________________________________________________

Owner: ___________________________ Address: ___________________________ Phone: ( )

City/State/Zip: ___________________________ Phone: ( )

Contractor: ___________________________ Address: ___________________________ Phone: ( )

City/State/Zip: ___________________________ Phone: ( )

Contractors License Number: ___________ Class: ___________ Fax: ( )

Designer: ___________________________ Address: ___________________________ Phone: ( )

City/State/Zip: ___________________________ Phone: ( )

License Number: ___________ Expiration Date: ___________ Fax: ( )

Describe Work to be Done: ___________________________________________________

Total Valuation: $ ___________________________ Square Feet Total: ___________________________

AZARDOUS MATERIALS:

a. After reviewing the Hazardous Material Information Sheet #3, Please indicate if
   your project needs to comply with the applicable Hazardous Material requirements. YES NO

b. If a business, is your project within 1,000 feet of the outer boundary of a school? YES NO

RIOR to issuing a permit, the information listed below is REQUIRED by the Building Inspection Division unless other arrangements are made and approved by the Building Official.

Four (4) Sets of Plans \_YES \_NO
Four (4) Sets of Plot Plans \_YES \_NO
Two (2) Sets of Energy Calculations \_YES \_NO
Two (2) Sets of Truss Engineering (if used) \_YES \_NO
Two (2) Sets of Structural Calculations \_YES \_NO
Handicap Access Plans \_YES \_NO
Proof of Ownership (Owner/Builder) \_YES \_NO
Owner/Builder Declaration \_YES \_NO
Hazardous Material Questionnaire (If you answer yes to items a. or b. above) \_YES \_NO

--SEE OTHER SIDE FOR ADDITIONAL INFORMATION--

have carefully examined the above completed "Application for Permit(s)" and do hereby certify that all information hereon is true and correct. I further certify and agree to pay all fees associated with the processing of the "Application for Permit(s) including, but not limited to, Plan Check fees, whether or not a permit is in fact issued.

Applicants Signature ___________________________ Print Applicants Name ___________________________ Date ___________

OWNER / CONTRACTOR / AGENT (CIRCLE ONE)