



BUILDING AND SAFETY DIVISION
1685 MAIN STREET
SANTA MONICA, CA 90401
310-458-8355

**APPLICATION TO
 RENEW A PERMIT**

**RENEWAL OF A PERMIT IS SUBJECT TO
 PAYMENT OF ADDITIONAL FEES AND
 MAY REQUIRE SUBMISSION FOR PLAN CHECK.**

Renewal of Permit #:
Date: / /

Additional Fees:
No Inspections - 100% of Permit Fees
Rough Inspections - 50% of Permit Fees
Final Inspection - 20% of Permit Fees

Job Address:	Zip Code:	Unit Number:	Permit Number:
Requestor's Name:		Phone No.:	Fax No.:
Street Address:	City:	State:	Zip Code:

Principals Identification:

Property Owner	Name:	Phone No.	Fax No.
	Address:	Unit Number	Zip Code
	Email Address:		
Legal Name of Permit Holder:	Name:	Phone No.	Fax No.
	Address:	Unit Number	Zip Code
Contractor	Name:	Phone No.	Fax No.
	Address:	Unit Number	Zip Code
	Contractor's City Business License No.	Contractor's State of California License No.	Classification:

Building to be Occupied During Construction? YES or NO	# of Days to Complete Work:	Certificate of Occupancy Required? YES or No
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Description Work Previously Permitted:

Description Work Remaining for Completion:	Cost of Remaining Work: \$

Requestor's Signature:	Date:
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STAFF USE ONLY -Please Print Name and Date Approved

Building Safety	City Planning	Transportation Mgmt	EPWM - Admin.	Civil Engineering	Solid Waste