

## City of Torrance Community Development Department, Building and Safety Division Building Permit Application

2021 Tor		., Torrance CA 90503		18 5010			1	
Required Information	iance bivu	., Torrance CA 90303	(310)	016-3910				
Property/							1	
Job Address:								
Person Preparing This Form:				Date:				
Property Owner:				Owner Phone:				
							1	
Owner's Address: (if different)								
Business /				Phone:				
Tenant Name:								
Architect /   Engineer:				Phone:				
Architect /								
Engineer Address:								
Contractor:		ntractor	C	Class	Bus. Lic:			
(As shown on License) License #: Business Address:					Phone:			
Busilless Address.					Filone.			
ROJECT INFORMATION								
Project Valuation (include all remodel areas) \$				Size in Square Feet				
Occupancy Group				Type of Construction				
No. of Buildings Now on Lot			No. of Stories					
Jses of Existing Buildings			Lot Ar	Lot Area				
Description of Work								
THER PERMITS REQUIRED FOR PROJECT COM	PI FTION:							
	UMBING	΄ Π	MECH	ANICAL				
LIST OF SUB-CO	NTRAC	TORS REQUIR	FD PF	RIOR TO F	ΙΝΔΙ			
The projects General Contractor or Owner Build						nce Business License		
The General Contractor or Owner Builder shall b		-					·	
The General Contractor of Owner Builder shall o	e respons		ices ioi	any unicen	seu suo-co			
All contractors and sub-contractors must have a	city busin	ness license for the	dates d	uring which	they worke	ed on the project.		
☐ I have read and understood the above, and	d have re	coived the 'Sub (	Contro	otor's List'	form I fo	urthar undarstand		
that this list must be submitted to the Busi					r to imai ii	ispection.		
$\square$ I certify that no sub-contractors will be em	ıployed d	luring the course	of this	project.				
signature			title			date	_	
					-			
SOUTH COAST AIR (								
ny person applying for a <i>non-residential</i> building permit i			klist. If y	ou have any q	uestions abo	ut		
ompleting this <i>non-residential</i> checklist, please call 1-80								
(COMMERCIAL ONLY) AIR QUAL Will the facility have any of the following equipment?	LIIY PERIV	IIT CHECKLIST 2 Will any of the	following	onorations he no	rformed?			
Will the facility have any of the following equipment?	N	2 Will any of the	ioliowing	operations be pe	riorineur	Y N		
Charbroiler, dry cleaning machine, spray booth		Application of	paints or	adhesivese				
Printing press (screen / lithograph / flexographic)			ng, casting, or melting of metals					
			uding, or curing of plastics					
			lending of liquids and/or powders cids, solvents, organic liquids, or fuels					
Abrasive blasting cabinet / room Storage of acids,  Baghouse / cartridge-type dust filter / scrubber Production of fun								
Motor fuel storage and dispensing equipment				,,	<b>g</b>			
Does this project involve the use or emission of chemicals listed	Lac	Does this pro	iect requir	re a release from	AOMD per the			
hazardous materials per Section 65850-2 of the California Gove		AQMD check		re a release from	i AQIVID per trie	е		
Code?		, talle should						
		ı						
Signature  Person preparing this form					date			
f you marked "No" in <b>ALL</b> the boxes, an air quality permit is NOT n	eeded at this	stime. This checklist is w	our writter		4410			
f you marked "Yes" in ANY of the boxes, you must cor		South Coast Air Quali			(AQMD)			
21865 E. Copley Drive, Diamond Bar, C			-		AX: (909) 39	06-2461		