



CONSTRUCTION PERMIT APPLICATION



PROJECT ADDRESS:	SUITE / UNIT #:	Office Use: FR
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Owner **Tenant** **(Check all that apply)**

Name / Company: _____ Phone: _____
 Contact Person: _____ Email: _____
 Address: _____ City / Zip: _____
 (If different than project address)

Applicant **Contractor** **(Check all that apply)**

Name / Company: _____ Phone: _____
 Contact Person: _____ Email: _____
 Address: _____ City / Zip: _____
 State Lic. #: _____ Exp.: _____ Class Code: _____
 City Lic. #: _____ Exp.: _____ Workers Comp. Exp.: _____

Office Use:		
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Overtime	<input type="checkbox"/> Tax Exempt	<input type="checkbox"/> City Project
Permit Sheet(s) (+5): _____	Plan Sheet(s): _____	Submittal No.: 1st / _____

ALL PLANS MUST BE SUBMITTED TO CITY OF CORONA BUILDING DEPARTMENT

Located at: 400 S. Vicentia Ave. Suite 120, Corona, CA 92882

(951) 736-2250 ♦ www.CoronaCA.gov/Building

**OVER →
PLEASE COMPLETE BACK PAGE**



CONSTRUCTION PERMIT APPLICATION



PROJECT INFORMATION

Occupancy Type (Required - Check all that apply)

- | | | | |
|------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> F-1 | <input type="checkbox"/> I-1 | <input type="checkbox"/> R-2 |
| <input type="checkbox"/> A-2 | <input type="checkbox"/> F-2 | <input type="checkbox"/> I-2 | <input type="checkbox"/> R-3 |
| <input type="checkbox"/> A-3 | <input type="checkbox"/> H-1 | <input type="checkbox"/> I-2.1 | <input type="checkbox"/> R-3.1 |
| <input type="checkbox"/> A-4 | <input type="checkbox"/> H-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> R-4 |
| <input type="checkbox"/> A-5 | <input type="checkbox"/> H-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> S-1 |
| <input type="checkbox"/> B | <input type="checkbox"/> H-4 | <input type="checkbox"/> M | <input type="checkbox"/> S-2 |
| <input type="checkbox"/> E | <input type="checkbox"/> H-5 | <input type="checkbox"/> R-1 | <input type="checkbox"/> U |

Construction Type (Required)

- | | | |
|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> I-A | <input type="checkbox"/> II-B | <input type="checkbox"/> IV |
| <input type="checkbox"/> I-B | <input type="checkbox"/> III-A | <input type="checkbox"/> V-A |
| <input type="checkbox"/> II-A | <input type="checkbox"/> III-B | <input type="checkbox"/> V-B |
| <input type="checkbox"/> Other | | |

Sprinklered? Yes No

PLEASE COMPLETE APPROPRIATE SECTION

ALARM SYSTEMS

- | | | |
|---|--------------|----------------------|
| <input type="checkbox"/> Waterflow Monitoring | # of Devices | <input type="text"/> |
| <input type="checkbox"/> Alarm System | | <input type="text"/> |

FIRE SUPPRESSION SYSTEM

- Suppression Type:
- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Combination | <input type="checkbox"/> Dry Chemical |
| <input type="checkbox"/> Deluge | <input type="checkbox"/> Preaction |
| <input type="checkbox"/> Dry | <input type="checkbox"/> Wet |

- Protection Area:
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Records Storage Rm | <input type="checkbox"/> Vault |
| <input type="checkbox"/> Server Room | |

- | | |
|-----------------------|----------------------|
| Tank Size | <input type="text"/> |
| Flow Points Used | <input type="text"/> |
| Flow Points Available | <input type="text"/> |

HIGH PILE STORAGE

- | | |
|--------------------------------------|------------------------------|
| Actual HPS Area (sq. ft.) | <input type="text"/> |
| Commodity Classification | |
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> III |
| <input type="checkbox"/> I | <input type="checkbox"/> IV |
| <input type="checkbox"/> II | |

- | | |
|---------------------------|----------------------|
| Storage Height | <input type="text"/> |
| Sprinkler Design Density | <input type="text"/> |
| Smoke and Heat Vent Ratio | <input type="text"/> |
| K-Factor | <input type="text"/> |

- | | | |
|-------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> ESRF | <input type="checkbox"/> Plastics | <input type="checkbox"/> Encapsulated |
|-------------------------------|-----------------------------------|---------------------------------------|

O/H SPRINKLERS

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Over the Counter | |

of Heads # of Risers

Hazard Classification:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Light Hazard | <input type="checkbox"/> Ordinary Hazard Group 1 |
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> Ordinary Hazard Group 2 |
| <input type="checkbox"/> 13D | <input type="checkbox"/> Extra Hazard Group 1 |
| <input type="checkbox"/> 13R | <input type="checkbox"/> Extra Hazard Group 2 |

Sprinkler Design Density

- System Type:
- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Combination | <input type="checkbox"/> Preaction |
| <input type="checkbox"/> Deluge | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Dry | |

K-Factor Head Temp

U/G FIRELINE

- | | |
|-----------------------------|----------------------|
| Lineal Feet | <input type="text"/> |
| # of Risers | <input type="text"/> |
| # of Hydrants | <input type="text"/> |
| # of Double Detector Checks | <input type="text"/> |
| # of Sectional Valves | <input type="text"/> |

FUEL MODIFICATION

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
|--------------------------------------|-------------------------------------|

PHASING

Will your project require phased inspections?
 Yes No