Rancho Palos Verdes

Building and Safety Department

Geo # _____

Date Submitted: _____ **Plan Check #** _____

Project Address: _____ **CAT Fees Paid $** _____

Please Print	**Please Print**
Applicant :_____ ☐ **Architect** ☐ **Contractor** ☐ **Engineer** ☐ **Designer** ☐ **Other** _____ **Phone Number :**_____ ☐ **Cell** ☐ **Office** **Email address:**	**Owner :**_____ **Address:**_____ **Phone Number :**_____ ☐ **Cell** ☐ **Office** **Email address:**
Remodel or demolition such that 50% or greater of any existing interior and exterior walls or existing square footage is demolished or removed within a two-year period.	**Less than 50%** ☐ **50% or more** ☐

PROJECT DESCRIPTION **Be Specific about the proposed project**	Square Footage

_____

Signed Date

OFFFICE USE ONLY

CAT 1 CAT 2 CAT 3 CAT 4: **Site Visit Date: _____# Reports_____PLAN? _____**

NOTIFICATIONS	**INITIAL**	**DATE**	**How**
Notified (Arch/Engineer/Cont/Owner/Other) Required Y or N / Add'l Info / Approval			
Notified (Arch/Engineer/Cont/Owner/Other) Required Y or N / Add'l Info / Approval			
Notified (Arch/Engineer/Cont/Owner/ Other) Required Y or N / Add'l Info / Approval			
Notified (Arch/Engineer/Cont/Owner Other /) Required Y or N / Add'l Info / Approval			