CITY OF ANGELS
Building Permit Applica

Please return Completed Application To:
City of Angels Building Department
200 B Monte Verda Street P.O. Box 667
Angels Camp, CA 95222
Phone:(209)736-1346
cda@angelscamp.gov
www.angelscamp.gov

BUILDING PERMIT ESTIMATE REQUEST

Fee Estimate Applicant Name: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Project Address: _____ APN: _____

Estimated Cost of Construction:_____

Projected Use: Single-Family: ☐ Multi-Family: ☐ Industrial: ☐
Commercial: ☐ Type of Commercial: _____

Building Area:

Habitable Space			Garage Space			Deck/Porches		
New:		Sq. Ft.	New:		Sq. Ft.	New:		Sq. Ft.
Existing:		Sq. Ft.	Existing:		Sq. Ft.	Existing:		Sq. Ft.
Total:		Sq. Ft.	Total:		Sq. Ft.	Total:		Sq. Ft.

For Multi-Unit Projects: Number of unites that are Studio: ☐ 1 Bedroom: ☐ 2+ Bedrooms: ☐
Total Number of Units for entire project: _____

Plumbing:
# of baths: ____

Mechanical Yes or No:
Heating: _____ A/C: _____

The fee amounts provided as a result of this request <u>are not</u> binding commitments by the City of Angels. Please email form to cda@angelscamp.gov