

**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 are not binding commitments by the City of Angels. Please email form to aliciasmith@angelscamp.gov

