



City of Union City - Building Division  
 34009 Alvarado-Niles Road  
 Union City, CA 94587  
 P: 510.675.5313  
 F: 510.475.7318

# CONSTRUCTION PERMIT APPLICATION FORM

**Type of Permit:**

- Owner – Builder Permit**  **Agent for Owner** – Complete Form: “Authorization to Act as an Agent”
- State Licensed Contractor** - Contractor shall have a valid State and Union City License prior to applying for a construction permit.

**Contractor’s State License #:** \_\_\_\_\_ **License Class:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

Workers’ Comp Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**Type of Project:**

- Single Family Residential  Multi-Family Residential
- Manufactured Home  Commercial

**HOA:** Is your property part of a Home Owners Association Group?

- Yes  No

If yes, please provide approval from HOA for proposed work.

**Type of Permits Needed:**

- Building Permit  Plumbing Permit  Fire Permit  Landscape Review
- Electrical Permit  Mechanical Permit  Sign Permit  Revision or Deferred Submittal

**JOB ADDRESS:** \_\_\_\_\_, Union City, CA 94587

If SFD, approximate year home was built? \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

**VALUATION:** \$ \_\_\_\_\_

New/Added Square Footage: \_\_\_\_\_

Square Footage Being Remodeled: \_\_\_\_\_

**APPLICANT:**

Name of Company:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone #:		
E-Mail Address:		

Preferred method of contact  Phone  E-Mail

**OWNER:**

Name:		
Address:		
City:	State:	Zip:
Phone #:		

**CONTRACTOR:**

same as applicant

Name of Company:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone #:		
E-Mail Address:		

**VALUATION:**

Square Footage	Price per Sq.Ft.		Value
X	\$	=	\$
X	\$	=	\$
X	\$	=	\$
X	\$	=	\$
<b>Total Valuation =</b>			<b>\$</b>

**LIST ALL SUB-CONTRACTORS ON THE BACK OF THIS FORM**

CONSTRUCTION PERMIT APPLICATION FORM  
***LIST OF ALL SUB-CONTRACTORS***

***Please list all sub-contractors that will be on the job-site:***

**Contractor's Company Name:** \_\_\_\_\_

Company's Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contractor's State License Number: \_\_\_\_\_

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**Contractor's Company Name:** \_\_\_\_\_

Company's Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contractor's State License Number: \_\_\_\_\_

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Company Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contractor's State License Number: \_\_\_\_\_