



**SAN JOSÉ STATE UNIVERSITY**

### San Jose State University

Facilities Development & Operations

## BUILDING PERMIT

### BUILDING PERMIT APPLICATION FORM

To be completed by Applicant

Permit Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

TMA Request No: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Building Name and Building Number: \_\_\_\_\_

Description of Work:

Are plans and specifications provided:  Yes  No

If no, give reason: \_\_\_\_\_

Work to be performed by:

Contractor

Campus Trades

Dept. Staff

Other: \_\_\_\_\_

### PLAN REVIEW

To be completed by Building Official

University projects are required by statute to be reviewed by other agencies to assure compliance with current code requirements. Provide documentation of approval from the agencies listed below if box is checked.

- State Fire Marshal (SFM), C.C.R. Title 19 & 24
- Division of State Architect (DSA), C.C.R., Title 24(over \$25K)
- Building Code Plan Check
- Seismic Review Board
- Local Health Department Review ( food services and aquatic facilities)
- Mechanical Review Board (Major Capital Projects)
- CSU approved Plan Check Firm or SJSU Plan Check
- Disability Resource Center (campus accessibility review)
- Other (Space Advisory Committee, Campus Planning Board, CEQA, etc.)

Approvals/ Date:

SFM: \_\_\_\_\_

DSA: \_\_\_\_\_

Code: \_\_\_\_\_

Seismic: \_\_\_\_\_

HDR: \_\_\_\_\_

MRB: \_\_\_\_\_

Plan Check: \_\_\_\_\_

Other: \_\_\_\_\_

This application is being returned to the Applicant and issuance of Permit is withheld until above noted agency approval is provided or the following conditions are met:

Reviewed: \_\_\_\_\_

Deputy Building Official

Date

The above named project has been reviewed and found in conformance with the applicable codes and standards by those authorities having jurisdiction established by statute and University policy. If noted above that particular outside reviews are determined to be inapplicable, I have determined through direct review and personal knowledge that the project is compliant with all governing codes and standards.

Approved: \_\_\_\_\_

Deputy Building Official

Date

Closed Date: \_\_\_\_\_

D.B.O. Initials: \_\_\_\_\_