



CITY HALL  
1015 ELEVENTH AVENUE  
POST OFFICE BOX 3010

DELANO, CALIFORNIA 93216-3010

(661) 721-3300  
(661) 721-3317 TDD  
[www.cityofdelano.org](http://www.cityofdelano.org)

## Required Documents for Permit Applications

- 1) If you are not the property owner for the building permit that you are requesting, a letter of authorization for the property owner must be submitted. Plans cannot be accepted without prior authorization from the property owner.
- 2) Plans must be stamped and signed by a Licensed Architect or Engineer with the State of California where required by the California Building Code and/or other State laws or regulations.
- 3) Provide plans in an electronic format (i.e. pdf format on CD or flash drive.) All documents must be resubmitted for each review. Plans must be drawn to scale and are required to include the following:

### Permit Submittal Checklist

Please check all applicable documents.

- Site Plan: Provide "North" arrow. Locations of all property lines and existing and proposed structures. The size of each structure and the distance between them and to the property lines must also be indicated.
- Dimensioned Floor Plan: Show all walls, wall types, doors, windows, and the use of each room.
- Cross Section in each direction.
- Exterior Elevations. (All sides)
- Foundation Plan with details.
- Shear/Wall Bracing Plan.
- Roof Framing Plan.
- Floor Framing Plan, if applicable.
- Structural Details, Connections, Transfer details.
- Electrical Plan. For additions, it must be demonstrated through electrical load calculations that existing panel can accommodate new loads. All new projects and additions valued over \$14,000. must be served by underground feeders, per City Ordinance.
- Plumbing Plan. Residential note: Only gas line sizing is required for Residential applications. Four or more water closets requires plumbing plan. For Residential, Plumbing Plan may be incorporated with Electrical Plan.
- Mechanical Plan. Residential note: Register locations and compliance with Energy Calculations must be shown. Mechanical Plan may be incorporated with Electrical Plan.
- Accessibility: For Commercial, Multi-family Dwellings, Apartments, etc: Compliance with applicable Access Regulations must be demonstrated. City of Delano "Summary of Accessible Upgrades" must be submitted for alterations and additions.
- Two (2) sets of Structural Calculations, if applicable.
- Two (2) sets of Truss Calculations, if applicable.
- Two (2) sets of Performance of Prescriptive Title-24 Energy Calculations. Performance Calculations must show Registration information and Watermark.
- City of Delano Waste Management Plan must be filled out and signed.
- For Additions/Alterations: City of Delano Smoke and Carbon Monoxide Alarm Self-Verification form must be filled out and signed.
- For Additions/Alterations: City of Delano SB407 "Water Conserving Plumbing Fixture" Retrofit Verification form.
- Electrical, Plumbing and Mechanical fixtures checklist.
- Additional requirements may apply. Requirements for all City and Kern County Departments must be satisfied including Environmental Health and Fire, as applicable.
- Geotech report, if required.

**Applicant's signature and date indicates that the applicant has read the "Permit Submittal Checklist" and agrees to abide by the list of requirements. All applicable documents must be included with submittal or application will not be accepted.**

Signature of Applicant or Legal Agent

Date

Signature of Property Owner

Revised 07/2021

Date



# CITY OF DELANO

Community Development Department

1015 Eleventh Avenue

P.O. Box 3010

Delano, California, 93216

Phone: (661) 721-3360 Fax: (661) 721-2135

BuildingPermits@CityofDelano.org

## BUILDING PERMIT APPLICATION

(PLEASE COMPLETE ALL SPACES ON THIS APPLICATION)

Project Information: \_\_\_\_\_ Date: \_\_\_\_\_  
Describe work to be performed

Site Address: \_\_\_\_\_ \*APN: \_\_\_\_\_

\*Valuation: \_\_\_\_\_ \*Sq.Ft. \_\_\_\_\_ \*Construction Type: \_\_\_\_\_ \*Occupancy: \_\_\_\_\_

### Property Owner Information

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

### Contractors Information

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_ Lic. Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Worker's Comp Carrier: \_\_\_\_\_

Worker's Comp Ins. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Architect/Engineer

Company Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Architects/Engineers License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Office Use Only

CSLB-Verified by: \_\_\_\_\_ License Standing: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City Business License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*ALL INFORMATION REQUIRED FOR APPLICATION SUBMITAL**