



Community Development Department
14000 City Center Dr., Chino Hills, CA 91709
(909) 364-2740 Fax (909) 364-2795
www.chinohills.org

Permit No.: _____

TDA No.: _____

Submittal Date: _____

BUILDING PERMIT APPLICATION

Please use this for all projects that don't have a specific application.

PROJECT INFORMATION

Project Address: _____

APN: _____ Tract: _____ Lot: _____ Block: _____

Project Valuation: _____

Scope of Work: _____

OWNER INFORMATION

Owner Name: _____

Address: _____

Phone No.: _____ Email: _____

APPLICANT INFORMATION *(if different from Owner)*

Name: _____

Address, City, State, Zip: _____

Phone No.: _____ Email: _____

CONTRACTOR INFORMATION

Company Name: _____ Rep. Name: _____

Contractor's Exp. _____

License No: _____ Date: _____ Class: _____

Workman's Exp. _____

Comp. No.: _____ Date: _____ Company: _____

City Business License No.: _____ Exp. Date: _____

Address, City, St., Zip: _____

Phone No.: _____ Email: _____



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SINGLE FAMILY HOME SMOKE ALARM & CARBON MONOXIDE ALARM REQUIREMENTS

California Residential Code (CRC) Section R314.3, CRC R315.3 states in part that existing dwellings be retrofitted with smoke detectors and carbon monoxide alarms when a building permit is issued for work or repairs to a building.

Functional smoke alarm is required in the following locations:

- In each sleeping room.
- Outside each separate sleeping area in the immediate vicinity of the bedrooms.
- On each additional story, including basements and habitable attics.

Functional carbon monoxide alarm is required in the following locations:

- Outside each separate sleeping area in the immediate vicinity of the bedrooms.
- On each additional story, including basements and habitable attics.
- Where a fuel-burning appliance is located within a bedroom or its attached bathroom, a carbon monoxide alarm shall be installed within the bedroom.

Multiple-purpose alarms (smoke detector & carbon monoxide) listed and approved by the State Fire Marshal may be used to fulfill the requirements.

Home Owner Verification Statement

I have read the above Smoke Alarm / Carbon Monoxide Alarm installation requirements and agree to comply with the requirements prior to the final inspection of my project.

Homeowner Signature

Date

Property Address

Self-Certification

I, the undersigned, hereby certify that I am the property owner or permittee of the project. I further certify that smoke alarms and carbon monoxide alarms are present and tested to be functional in all the following locations: (both boxes below must be checked)

☐ Carbon Monoxide Alarm: On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms or in each hallway outside of the rooms, and each level of the dwelling.

☐ Smoke Alarms: Installed in each room used for sleeping purposes, outside each sleeping area, and on each level of the dwelling unit.

Signature (☐ Owner / ☐ Permittee) Date

Property Address

NOTE: This **Self-Certification** is only used for projects to the exterior of the structure where access to the interior of the dwelling by the City of Chino Hills Building Inspector is not achieved during the course of construction.