

BUILDING PERMIT APPLICATION FORM

Submit completed form to facilities-cbs@calpoly.edu Questions? Call Facilities Help Center 805-756-5555

Applicant's Name:		Today's Date:		
(Applicant will be the primary contact for this project)				
Phone Number:		Department:		
Alternate Phone Number:		Email Address:		
Alternate i none Number.		Linai Address.		
Optional: Names and Phone numbers of				
other involved parties (Supervisor, Dean, Advisor etc.)				
Project Name:		Bldg. Name:		
		Bldg. #:		
Who is doing the work? (Check all that apply)		Room #:		
□ Contractor	☐ Student P	roject		□ Other (Explain)
□ Department Labor				
Source of Funding:		Estimated Cost/Budget:		
Description of Project:				
**Email supporting documents such as scope, plans, specifications, location, etc. to:				
<u>facilities-cbs@calp</u>	oly.edu and M	ike Hogan at	<u>mho</u>	gan@calpoly.edu
	□ Proposal (We can only review the concept, not issue a permit)			
	☐ Plans Ready to Review		□Under Construction oops! call x5555	
Approval Signature:				
Academic Departments Require Dean's Signature (Non-Academic Departments Require Division or Department H			(Please Print Name)	
Office Use Only				
oject Number:		•		SR
Time Window:				
REV 1/19				FAC-10A

Email Application Form to facilities-cbs@calpoly.edu