

County of San Diego, Planning & Development Services

Self- Certification Permit Application Commercial Tennant Improvement

BUILDING DIVISION

Date:		
Project Address:		
(Proposed Construction Areas) 1st Floor	SF: 2	nd Floor SF:
Patio SF: Other SF: Det		
Total Project SF:		
Description of Work:		
Professional of Record Information		
Name:	Company Name:	
Address:		
City:		Zip:
Phone #:	Fax:	
CA License #:		
Self-Certification Date of Completion:		
Professional of Record Signature:		
I have designed the project in line with the	TI sample correction lis	t 🗌 Initial
Owner Information (Applicant to fill in)		
Owner:	Business Name:	
Address:		
City:		Zip:
Phone #:		
Email:		
General Contractor Information (Applica	nt to fill in)	
Business Name:	•	
Address:		
City:	State:	Zip:

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PDS 680 REV.: 1.2.2021



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Zoning Counter Clearance (Office Use Only)		
Parking Approved	☐ Yes ☐ No	
Use Approved	☐ Yes ☐ No	
Staff Initials:	Date:	
Engineering Clearance (Office Use Only)		
Site Review:		
Occupant Load:		
CBC Use:	CBC Occupancy:	
Tenant Improvement:	☐ Approved ☐ Not Approved	
Professional in system:	☐ Approved ☐ Not Approved	
Staff Initials:	Date:	

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