



**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
BUILDING DIVISION**

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**BUILDING PERMIT FEES
ESTIMATE REQUEST**

Fee Estimate Applicant Name: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Project Address: _____

Project Description: _____

Estimated Cost of Construction: _____

Zoning Designation: _____ APN: _____

Projected Use (check all that apply):
Single Family Non-Transient _____ Multi-Family Non-Transient _____ Commercial & Office _____
Single Family Transient _____ Multi-Family Transient _____ Industrial _____

Project Will Require a Plan Check: Yes _____ No _____ (If yes, please specify if it will require a minimal or full plan check)

Full Plan Check (3 Departments) _____ Minimal Plan Check (2 Departments) _____

Building Area:

<u>Habitable</u>		<u>Garage</u>		<u>Deck</u>		<u>Sprinkler</u>	
New: _____	Sq. Ft.	New: _____	Sq. Ft.	New: _____	Sq. Ft.	New: _____	Sq. Ft.
Existing: _____	Sq. Ft.	Existing: _____	Sq. Ft.	Existing: _____	Sq. Ft.	Existing: _____	Sq. Ft.
Total: _____	Sq. Ft.	Total: _____	Sq. Ft.	Total: _____	Sq. Ft.	Total: _____	Sq. Ft.

TOTAL square feet of project (Existing + New / not including sprinkler): _____

For multi-unit projects: Number of Units that are: Studio _____ 1 Bdrm. _____ 2+ Bdrms. _____

Total # of Units for entire project: _____