



DATE _____

**CITY OF COMMERCE
BUILDING DEPARTMENT
PERMIT FEE ESTIMATE**

APPLICANT'S NAME _____

DBA _____

JOB ADDRESS _____

PHONE # _____ FAX # _____

EMAIL ADDRESS _____

DESCRIPTION OF WORK _____

_____ SQ FT _____

VALUATION SUPPLIED BY APPLICANT \$ _____

VALUATION CALCULATED BY COMMERCE
BUILDING AND SAFETY DEPARTMENT \$ _____

PLAN CHECK FEE (SEE NOTE BELOW) \$ _____

PERMIT FEE \$ _____

PLAN MAINTENANCE FEE \$ _____

ISSUANCE FEE \$ _____

GREEN FEE \$ _____

S.M.I.P FEE \$ _____

TOTAL FEE \$ _____

NOTE: Plan check fee must be paid at time of plan submittal. Remainder balance must be paid prior to permit issuance. MAKE CHECKS PAYABLE TO : CITY OF COMMERCE