

CITY OF MILPITAS

Office of Building Safety
455 E. Calaveras Blvd.
Milpitas, CA 95035
408-586-3240
www.milpitas.gov



SCOPE OF WORK

Project Address: _____ Permit application date: _____

Permit scope description: _____

Applicant: _____ Phone: _____ Email: _____

Commercial Project:

Indicate the scope of work area for each occupancy group in this permit scope where applicable:

Occupancy Group: _____ Area (sq. ft.): _____ Occupancy Group: _____ Area (sq. ft.): _____

Occupancy Group: _____ Area (sq. ft.): _____ Occupancy Group: _____ Area (sq. ft.): _____

Occupancy Group: _____ Area (sq. ft.): _____ Occupancy Group: _____ Area (sq. ft.): _____

Additional occupancy and area: _____

Indicate the type and no. of equipment in this permit scope where applicable:

No. of types of equipment: _____

No. of pieces of equipment: _____

Indicate the type and no. of rack in this permit scope where applicable:

No. of types of racks: _____

No. of racks: _____

Residential Project:

Indicate the scope of work area for each category in this permit scope where applicable:

New single family building area (sq. ft.): _____

Remodel area (excluding ADU/JADU area) (sq. ft.): _____

Addition area (excluding ADU/JADU area) (sq. ft.): _____

Attached ADU area (sq. ft.): _____

Detached ADU area (sq. ft.): _____

JADU area (sq. ft.): _____

Detached accessory structure area (sq. ft.): _____