



# PERMIT APPLICATION FORM



Only property owners, licensed contractors or agents with written authorization may obtain permits.

Permit # \_\_\_\_\_  
(Office Use Only)

RESIDENTIAL       COMMERCIAL       AGRICULTURAL

(Please mark all that apply)

- |   |   |   |   |  |  |
|---|---|---|---|--|--|
| <input type="checkbox"/> New Structure  | <input type="checkbox"/> Second Residence   | <input type="checkbox"/> Mobile Home    | <input type="checkbox"/> Modular/MFG Unit | <input type="checkbox"/> Addition      | <input type="checkbox"/> Remodel             |
| <input type="checkbox"/> Fire Repair    | <input type="checkbox"/> Demolition         | <input type="checkbox"/> Termite Repair | <input type="checkbox"/> Ag Building      | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Deck/Patio Cover    |
| <input type="checkbox"/> Garage/Storage | <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Plumbing       | <input type="checkbox"/> Electrical       | <input type="checkbox"/> Mechanical    | <input type="checkbox"/> Winery/Wine Tasting |
| <input type="checkbox"/> Window change  | <input type="checkbox"/> Reroof             | <input type="checkbox"/> Solar          | <input type="checkbox"/> Other: _____     |  |  |

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

Nearest Cross Street or Intersection: \_\_\_\_\_ Total Contract Price: \_\_\_\_\_

**Complete scope of work:**

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<p><input type="checkbox"/> <b>Residential</b>    <input type="checkbox"/> <b>Addition</b>    <input type="checkbox"/> <b>Remodel</b>    <input type="checkbox"/> <b>Rebuild</b></p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><b>Existing</b></td> <td style="text-align: center;"><b>Proposed</b></td> </tr> <tr> <td><input type="checkbox"/> Living Area</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> <tr> <td><input type="checkbox"/> Garage/Storage</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> <tr> <td><input type="checkbox"/> Deck</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> <tr> <td><input type="checkbox"/> Porch</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> <tr> <td><input type="checkbox"/> Carport</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> <tr> <td><input type="checkbox"/> Remodel</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td style="text-align: center;">_____sf</td> <td style="text-align: center;">_____sf</td> </tr> </table> <p>Explain _____</p>		<b>Existing</b>	<b>Proposed</b>	<input type="checkbox"/> Living Area	_____sf	_____sf	<input type="checkbox"/> Garage/Storage	_____sf	_____sf	<input type="checkbox"/> Deck	_____sf	_____sf	<input type="checkbox"/> Porch	_____sf	_____sf	<input type="checkbox"/> Carport	_____sf	_____sf	<input type="checkbox"/> Remodel	_____sf	_____sf	<input type="checkbox"/> Other	_____sf	_____sf	<p><b>Grading</b>    Cut _____    Fill _____ Area of Vegetation removal _____ (Sq ft)</p> <p><b>Electrical:</b></p> <p><input type="checkbox"/> Panel change out/upgrade (Main or Sub-panel)</p> <p><input type="checkbox"/> Outlets or fixtures</p> <p><input type="checkbox"/> Solar (roof)      <input type="checkbox"/> Solar (ground)</p> <p><b>Mechanical:</b></p> <p><input type="checkbox"/> HVAC Change out</p> <p><input type="checkbox"/> Fireplace/Woodstove/Pellet Stove     <input type="checkbox"/> Gas      <input type="checkbox"/> Wood</p> <p><b>Plumbing:</b></p> <p><input type="checkbox"/> Water Heater      <input type="checkbox"/> DWV</p> <p><input type="checkbox"/> Repairs      <input type="checkbox"/> Water line</p> <p><input type="checkbox"/> Gas line</p> <p><b>Miscellaneous:</b></p> <p><input type="checkbox"/> Reroof      <input type="checkbox"/> Reside</p> <p><input type="checkbox"/> Demolition      <input type="checkbox"/> Window Changeout</p> <p><input type="checkbox"/> Other (explain) _____</p> <p>_____</p> <p>_____</p>
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<input type="checkbox"/> Other	_____sf	_____sf																							

**Applicant Information:** Please check the appropriate box for the primary contact     AGENT     PROPERTY OWNER     CONTRACTOR     ARCHITECT/DESIGNER     ENGINEER

**Agent Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

OWNER/BUILDER? \*Proof of Ownership may be required

**Contractor Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ License # and Class \_\_\_\_\_

**Architect/Designer Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ License/Registration # \_\_\_\_\_

**Engineer Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ License/Registration # \_\_\_\_\_

