

BUILDING PLUMBING ELECTRICAL MECHANICAL RIGHT OF WAY
 NEW RESIDENTIAL NEW POOL REMODEL RESIDENTIAL SIGN
 NEW COMMERCIAL DEMOLITION REMODEL COMMERCIAL
 NEW INDUSTRIAL SCHOOL FORM REQ. REMODEL INDUSTRIAL

Applicant to complete numbered spaces only

Job Address _____

1 Legal Desc.	Lot #	Blk	Tract	Assessors' Parcel Number
2 Owner		Mail Address		Zip Phone
3 Contractor		Mail Address		Phone License Number
4 Architect or Engineer		Mail Address		Phone License Number
5 Use of Building			6 Special Conditions	

7 Describe Work: _____

8 Valuation of Work: \$	No. of Dwelling Units	Plan Check Fee	\$
Type of Const.	Occupancy Group	Use Zone	Building Permit Fee

*****NOTICE*****NOTICE*****NOTICE*****

_____ EXEMPTION DECLARATION
 I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL NOT EMPLOY ANYONE IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS' COMPENSATION INSURANCE LAWS OF CALIFORNIA.
Notice to Applicant: if after this Certificate of Exemption, you should become subject to the Workers' Compensation Provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

Size of Bldg.	Category 1 SM Tax
No. of Stories	Category 2 SM Tax

Signature _____ Date _____

*****NOTICE*****NOTICE*****NOTICE*****

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or Authorized Agent _____ Date _____

Signature of Owner (If owner Builder) _____ Date _____

PLUMBING PERMIT	No.	Type of Fixture or Item	Fee
			Permit Fee
		Water Closet (Toilet)	
		Bathtub	
		Lavatory (Wash Basin)	
		Shower	
		Kitchen Sink & Disp.	
		Dishwasher	
		Laundry Tray	
		Clothes Washer	
		Water Heater	
		Gas Systems: No. of Outlets	
		Water Piping & Treating Equip.	
		Sewer	
		Other	
		Sub-total Plumbing	\$

ELECTRICAL PERMIT		Permit Fee	
		Main Service (amp.)	
		Breaker or Other Control Box	
		Switches, Lights, Outlets, Etc.	
		Motors, Transformers, Etc.	
		Other	
		Sub-total Electrical	\$

MECHANICAL PERMIT		Permit Fee	\$
		Air Cond. Units--H.P. Ea.	
		Other	
		Other	
		Sub-total Mechanical	\$

Plan Check Fee	_____
Building Permit	_____
Strong Motion	_____
Plumbing Permit	_____
Electrical Permit	_____
Mechanical Permit	_____
SB1473	_____
Right-of-way Const. (AC)	_____
Sewer and Water Cap	_____
Impact Fees	_____
TOTAL	_____

Receipt # _____ Date _____

Clerk Initials _____