



2013 Building Codes effective January 1, 2014
 Submit completed application with three (3) sets of plans.
 Inspections: Tuesday & Thursday from 2:00 – 4:00 p.m. (call 267-5647 ext. 245 ~ one day in advance).

BUILDING PERMIT APPLICATION

Note: Applications are accepted *in person* between the hours of 9:00 a.m. and 4:00 p.m. Monday through Thursday.

OWNER _____ PHONE _____

MAILING ADDRESS _____
 NUMBER STREET CITY STATE ZIP

CONTRACTOR _____ LIC. NO. _____ CLASS: _____ EXP. _____ PHONE _____
 Workers Compensation Carrier: _____ City Business License # _____ Exp. _____

MAILING ADDRESS _____
 NUMBER STREET CITY STATE ZIP

APPLICANT _____ PHONE _____

WHO DO WE CONTACT REGARDING THIS APPLICATION? Owner Contractor Applicant

EMAIL ADDRESS _____ MAY WE USE E-MAIL TO CONTACT YOU? YES NO

PROJECT LOCATION _____
 NUMBER STREET CITY STATE ZIP

DRIVING DIRECTIONS _____

DESCRIPTION OF WORK: _____

PROJECT VALUATION \$ _____ BUILDING HEIGHT _____ STORIES _____

IS THIS A MANUFACTURED OR MOBILE HOME? YES NO

APN _____ LOT SIZE _____ ZONING DISTRICT: _____

DESIGN STANDARDS DISTRICT: _____ The City of Sutter Creek Design Standards have been developed and adopted as a tool to facilitate implementation of architectural regulations mandated by the City’s Municipal Code. The Standards apply to every project in the City that requires a building permit unless specifically exempted. Please provide information on how your proposed project complies with each of the applicable design standards outlined in Chapters 2, 3, 4, 5: (The complete text can be found at www.cityofsuttercreek.org under the Forms and Documents tab.)

WILL THERE BE ANY GRADING ACTIVITY ON THIS PARCEL?
 YES NO CUBIC YARDS _____ PRE-SITE INSPECTION? YES NO

OFFICE USE ONLY

DATE RECEIVED _____

Design Review Clearance: _____ Date

By: _____

RECEIVED BY _____

Specific Citations: _____

Clearance Sheet (For Office Use Only)

Surveying Dept: Address _____ Street _____

*Address issued by: _____ Date _____

Planning Department

*Plan Submittal Clearance _____ Date _____

Notes _____

Flood Zone? Yes _____ No _____ ALUC Referral? Yes _____ No _____

Zoning _____ Parcel Size _____ (acres) General Plan Density _____

Specify Use _____

Use Permit Required? Yes _____ No _____ (See Attached Conditions of Approval)

Commercial: Square Footage _____ Parking Spaces Required _____ Ratio _____

Cal Trans Notified? Yes _____ No _____ N/A _____

*Building Permit Clearance to Issue _____ Date _____

Public Sewer (Plan Submittal Clearance) _____ (Clearance to Issue) _____

Public Water (Plan Submittal Clearance) _____ (Clearance to Issue) _____

Environmental Health Department

*Plan Submittal Clearance _____ Date _____

Septic Permit# _____ Date Issued _____ Date Finaled _____ #Bedrooms _____

Well Permit# _____ Date Issued _____ Date Finaled _____

Water System? No Yes/Possible →*EHS Review _____

Hazardous Materials? No Yes/Possible →*EHS Review _____

Food Facility? No Yes/Possible →*EHS Review _____

Comments _____

*Building Permit Clearance to Issue _____ Date _____

Public Works Clearance:

*Commercial Permit Clearance to Issue _____ Date _____

Grading Permit? Yes _____ No _____ Permit No. _____ Status _____

Advised of 1530? Yes _____ No _____ Deviation Required Yes _____ No _____

Encroachment Required? Yes _____ No _____ Reason _____ Permit # _____

* Clearance for Encroachment _____ Date _____

Traffic Impact Fee Required? Yes _____ No _____ Paid? Yes _____ No _____ Amount _____

* Clearance for Impact Fees _____ Date _____

Construction & Demolition Permit: Sq Ft _____ x0.10 \$ _____ Issued By: _____

Fire District Fees - Plan Review Fees:

*Commercial Plan Submittal Clearance _____ Date _____

Impact Fee Receipt Number _____

*Building Permit Clearance to Issue _____ Date _____

Licensed Contractor's Declaration:

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Expiration Date _____

Contractor Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

_____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which the permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____ Expiration Date _____

(This section need not be completed if permit is for 100\$ or less)

_____ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Owner/Contractor Signature _____ Date _____

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec 3097, Civ. C).

Lender's Name _____ Lender's Address _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the county relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements. I certify that I have read this application and state that all information is correct. I agree to comply with all county ordinances and state laws relating to building construction and hereby authorize representative(s) of the county to enter upon the abovementioned property for inspection purposes.

Owner/Contractor Signature _____ Date _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, AND ATTORNEY'S FEES. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.