



CITY OF CRESCENT CITY
 377 J STREET
 CRESCENT CITY, CA 95531
 (707)464-9506

BUILDING PERMIT APPLICATION

PLEASE PRINT CLEARLY

Building Permit Number: _____
Assessor Parcel Number: 118 - _____
FOR DEPARTMENT USE ONLY

TYPE OF PERMIT (MARK ALL THAT APPLY)					
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> GRADING	<input type="checkbox"/> DEMOLITION
TOTAL SQUARE FOOTAGE OF THIS PROJECT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> REPAIR					
COMMERICAL /INDUSTRIAL:	RESIDENCE:	GARAGE:	DECK:	Covered Porches:	
DESCRIPTION OF THE WORK:					
PROJECT ADDRESS (NOT MAILING ADDRESS):		SUITE/UNIT NO:		DATE:	
OWNER:		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
OWNER ADDRESS:		CITY:		STATE:	ZIP CODE:
					EMAIL ADDRESS:
CONTRACTOR'S NAME:					
CONTRACTOR'S STATE LICENSE NUMBER & CLASSIFICATION:		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
CONTRACTOR'S ADDRESS:		CITY:		STATE:	ZIP CODE:
					EMAIL ADDRESS:

CALIFORNIA WORKMAN'S COMPENSATION LAW

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 THE WORKMAN'S COMPENSATION LAW OF CALIFORNIA.

I HAVE COMPLIED WITH ALL THE REQUIREMENTS OF WORKMAN'S COMPENSATION LAW OF CALIFORNIA.

POLICY # _____

I HEREBY CERTIFY AND DECLARE UNDER PENALTY OF PERJURY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW 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. I HEREBY ACCEPT AND AGREE TO MEET ALL SPECIAL REQUIREMENTS HEREIN CONTAINED AND REQUIRED AS PART OF THIS PERMIT.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SIGNATURE OF OWNER (IF OWNER/BUILDER) DATE

VALUATION OF WORK COVERED BY THIS APPLICATION:

\$

SCHOOL MITIGATION FEES (BUILDING)		
RECEIVED <input type="checkbox"/> EXEMPT <input type="checkbox"/> INITIALS _____ DATE _____		
PERMIT FEES		
PLUMBING		
ELECTRICAL		
MECHANICAL		
CONSTRUCTION		
PLAN CHECK (NON-REFUNDABLE)		
ISSUANCE		
SEISMIC		
BUILDING STANDARD FEE		
DEMOLISH		
COPIES		
SUBTOTAL		
LESS PLAN CHECK FEE PAID		
RECEIPT #		
TOTAL		

CBC 105.5 – EXPIRATION: EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED ON THE SITE BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED.

SPECIAL APPROVALS		APPROVED BY		DATE ISSUED: _____		
		DATE	INITIALS	RECEIPT#: _____		
BUILDING						
PUBLIC WORKS						
FIRE DEPARTMENT				OCCUPANCY GROUP:	TYPE OF CONSTRUCTION:	CBC EDITION USED:
HEALTH DEPARTMENT						
FOR DEPARTMENT USE ONLY						
IS THIS A CODE ENFORCEMENT CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST CASE NUMBER: _____						
PLANNING APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNER'S INITIALS:		DATE:		
ZONING:	HILLSIDE:	HISTORIC:	FRONT SETBACK:	SIDE SETBACK (INTERIOR):	SIDE SETBACK (EXTERIOR):	REAR SETBACK:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				