



**BUILDING PERMIT APPLICATION FORM**

2016 Building Codes effective January 1, 2017

Submit completed application with the appropriate sets of plans

Deposit Required For Review: Please Refer To Application Guidelines

Inspections: Monday - Friday with 24 hr. Notice 10:00 a.m. - 3:00 p.m.

For Questions - Please Call (209) 223-1646 or email mhooper@ci.jackson.ca.us

**CITY USE ONLY**

Application No: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date submitted: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Deposit: \_\_\_\_\_

**Applicant: Fill in ALL applicable areas; PLEASE PRINT CLEARLY**

Applicant is (check one):

- Owner \_\_\_\_\_
- Contractor \_\_\_\_\_
- Architect/Designer \_\_\_\_\_
- Other \_\_\_\_\_

Type of Building Permit (check one):

- New Construction (\$500 deposit) \_\_\_\_\_
- Tenant Improvements (\$250 deposit) \_\_\_\_\_
- Additions/Remodels/Garage (\$100 deposit) \_\_\_\_\_
- Decks (\$50 deposit) \_\_\_\_\_

Note: Funds provided with application are a deposit paid towards a final fee that is calculated based on the valuation of work.

**PROJECT INFORMATION**

Applicant: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Lot #/Suite or Space #: \_\_\_\_\_

Project Type (check appropriate item): Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Permit Type(s) (check appropriate items): Bldg \_\_\_\_\_ Mech \_\_\_\_\_ Plumb \_\_\_\_\_ Elect \_\_\_\_\_ Solar \_\_\_\_\_

Project Description: Tenant Improvement \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_ Deck \_\_\_\_\_

(submit separate attachment if necessary) \_\_\_\_\_

Project Valuation: \$ \_\_\_\_\_ Const. Type: \_\_\_\_\_ Occupancy: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Comm. Sq. Ftg. Office: \_\_\_\_\_ Retail: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Other: \_\_\_\_\_

Res. Sq. Ftg. Total Sq. Ftg. \_\_\_\_\_ Dwelling: \_\_\_\_\_ Gar: \_\_\_\_\_ # of cars: \_\_\_\_\_

Patio/Porch: \_\_\_\_\_ Deck: \_\_\_\_\_

**BUILDING DEPARTMENT USE ONLY**

REVIEWED BY: \_\_\_\_\_

Applicant submitted the following items: \_\_\_ General Plans, 3 copies \_\_\_ Solar Plans, 2 copies \_\_\_ Energy Calculations, 3 copies

\_\_\_ Elevations for Planning/DRC Review \_\_\_ Engineered Calcs for \_\_\_\_\_ **CLEARANCES**

\_\_\_ Business License Application \_\_\_ Engineered \_\_\_\_\_ Truss Calcs Planning: \_\_\_\_\_

\_\_\_ Contractor's Worker Comp Ins. Certificate \_\_\_ (Other) \_\_\_\_\_ Pub. Works: \_\_\_\_\_

Permit No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Water: \_\_\_\_\_

Project Valuation \_\_\_\_\_ Plan Check Fee \_\_\_\_\_ Permit Fee \_\_\_\_\_ Sewer: \_\_\_\_\_

Worker's Comp Verified \_\_\_ Certificate \_\_\_ Exempt Fire: \_\_\_\_\_

**CONTACT INFORMATION**

**Property Owner**

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant**

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Project Architect**

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
License No: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_

**Project Engineer**

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
License No: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Jackson Business License No: \_\_\_\_\_  
License No: \_\_\_\_\_  
License Class: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_  
Worker's Compensation Insurer: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_

DESIGN STANDARDS: The City of Jackson Design Review Committee has been developed to facilitate implementation of architectural regulations mandated by the City's Municipal Code. The Standards apply to every project, new construction and modifications to existing, located within the Historic District of Downtown Jackson. When a project requires a building permit, unless specifically exempted, the Design Review Committee will review the project during the application and plan review process. Please provide detailed information on the exterior design of the new building or the alterations to the existing exterior. For solar projects where the system is visible from the City right-of-way a letter of explanation is required with application. PLANNING APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Licensed Contractor’s Declaration**

I hereby affirm that I am licensed under the 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 \_\_\_\_\_

DATE \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

**Owner-Builder Declaration**

I hereby affirm that I am exempt from the Contractor’s License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor’s License Law (Chapter 9 [commencing with Section 7000] of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by an applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500].):

\_\_\_ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor’s License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor’s License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor[s] licensed pursuant to the Contractor’s License Law.).

\_\_\_ I am exempt under Sec. \_\_\_\_\_, B. & P.C. for this reason \_\_\_\_\_

DATE \_\_\_\_\_ OWNER \_\_\_\_\_

**Insurance Declaration**

I hereby affirm that I have a certificate of consent to self-insure, or a certificate for a Worker’s Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

POLICY NO. \_\_\_\_\_ COMPANY \_\_\_\_\_

\_\_\_ Certified copy is hereby furnished.

\_\_\_ Certified copy is filed with the City of Jackson Building Department or other City \_\_\_\_\_ Department(s).

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_

**Certificate of Exemption from Worker’s Compensation Insurance**

(This section need not be completed if the permit is one hundred dollars [\$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 the Worker’s Compensation Laws of California.

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_

NOTICE TO THE APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker’s Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

**Construction Lending Agency**

I hereby affirm 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 \_\_\_\_\_

**Applicant Certification and Permission To Enter Premises**

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

\_\_\_\_\_

Signature of Applicant or Agent

Date

# Clearance Sheet (For Office Use Only)

## Planning Department

\*Plan Submittal Clearance \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

Flood Zone? Yes \_\_\_\_\_ No \_\_\_\_\_

Zoning \_\_\_\_\_ Parcel Size (acres) \_\_\_\_\_

Specify Use \_\_\_\_\_

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

Commercial: Square Footage \_\_\_\_\_ Parking Spaces Required \_\_\_\_\_

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 \_\_\_\_\_

Hazardous Materials?  No  Yes/Possible → \*EHS Review \_\_\_\_\_

Food Facility?  No  Yes/Possible → \*EHS Review \_\_\_\_\_

Comments \_\_\_\_\_

\*Building Permit Clearance to Issue \_\_\_\_\_ Date \_\_\_\_\_

## Public Works Clearance:

\*Building Permit Clearance to Issue \_\_\_\_\_ Date \_\_\_\_\_

Grading Permit? Yes \_\_\_\_\_ No \_\_\_\_\_ Permit No. \_\_\_\_\_ Status \_\_\_\_\_

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 \_\_\_\_\_ Issued By: \_\_\_\_\_

## Fire Code Approval:

\*Plan Submittal Clearance \_\_\_\_\_ Date \_\_\_\_\_

Impact Fee Receipt Number \_\_\_\_\_

\*Building Permit Clearance to Issue \_\_\_\_\_ Date \_\_\_\_\_