



BUILDING PERMIT APPLICATION FORM

2019 Building Codes effective January 1, 2020
 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 8:00 a.m. – 2:00 p.m.
 For Questions - Please Call (209) 754-1824 or email l.white@wgainc.net

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):	Type of Building Permit (check one):
Owner _____	New Construction (\$500 deposit) _____
Contractor _____	Tenant Improvements (\$250 deposit) _____
Architect/Designer _____	Additions/Remodels/Garage (\$100 deposit) _____
Other _____	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: _____ Sewer: _____

Project Valuation _____ Plan Check Fee _____ Permit Fee _____ Env. Health: _____

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: _____

Amador City Business License No: _____
 License No: _____
 License Class: _____
 License Expiration Date: _____
 Worker's Compensation Insurer: _____
 Policy No: _____
 Policy Expiration Date: _____

DESIGN STANDARDS: The City of Amador City 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 Amador City. 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 Amador City 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 _____