Permit Number: _____

CITY OF SUSANVILLE, BUILDING DIVISION
66 NORTH LASSEN STREET, SUSANVILLE, CA 96130-3109
(530) 252-5117 - FAX (530) 257-4725
WWW.CITYOFSUSANVILLE.ORG

BUILDING PERMIT & APPLICATION

Is the structure a manufactured home? ☐ Yes / ☐ NO Is this commercial? ☐ Yes / ☐ No Email Address: _____

Project Property Owner's Name: _____ **Phone No.:** _____

Project Property Address: _____ **A.P.N.:** _____

Project Description: _____

Sq. Ft. of Building: _____ **Sq. Ft. of Garage:** _____ **Sq. Ft. of Other:** _____ **Project Value:** _____

IDENTIFY WHO WILL PERFORM THE WORK

This permit is to be issued in the name of the:

☐ Licensed Contractor **(Complete Section 1A Only)**
☐ Owner Builder-the Property Owner as the permit holder of record who will be responsible and liable for the construction **(Complete Section 1B Only)**
☐ Authorized Agent **(Complete Section 1B Only)**

1 A – CALIFORNIA 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.

Business Name: _____ CA. State License No. & Classification(s): _____

Business Mailing Address: _____

Business Phone/FAX Number & Email: _____

Do you maintain workers' compensation insurance? Yes / No **(The above information will be verified upon application submittal)**
Are you exempt from workers' compensation insurance? Yes / No

Name and Phone No. of primary project contact: _____

Signature of Contractor: _____ **Date:** _____

1B – OWNER-BUILDER'S DECLARATION

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do (_) all of *or* (_) portions of the work, and the structure is not intended or offered for sale. **(Section 7044, Business and Profession)**

☐ I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project. **(Section 7044, Business and Professions Code)**

☐ I am exempt from licensure under the Contractors' State License Law for the following reason: _____

Name and phone No. and/or email address of primary project contact: _____

Signature of Owner or Authorized Agent: _____ **Date:** _____

IMPORTANT:
This permit shall become invalid unless the work on the site authorized by such permit is commenced within 180 day 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 of work is commenced. An extension shall be requested in writing and justifiable cause demonstrated. ***Section 105.5 California Building Code***

Plan Check Fee: $	**Receipt No.:**	**Date Paid:**	**Plan Check Difference (+/-) $**	
Building Application Fee: $	Permit Fee: $	Total Fee: $	$	Total Fee: $
Electrical Application Fee: $	Permit Fee: $		Total Fee: $	
Mechanical Application Fee: $	Permit Fee: $		Total Fee: $	
Plumbing Application Fee: $	Permit Fee: $		Total Fee: $	
Mitigation Fee Total: $	**Fire Dept. Fees** (Sprinklers/Alarms): **$**			
Engineering Review Fee / Deposit: $1000 Final Total: $				
S.M.I.P. Fee: $	Parkland Dedication Fee: $		Other Fee: $	
S.B. 1473 Fee: $				
Total Permit Fee Due: $	**Receipt No.:**		**Notes:**	

Permit Issued By: _____ **Date:** _____

Permit Finalized By: _____ **Date:** _____

Permit Expired By: _____ **Date:** _____