



**Plan Check Information**

Name of contractor/contact person \_\_\_\_\_ Title \_\_\_\_\_  
Business name (DBA) \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**CONSTRUCTION APPROVAL**

When signed by the Environmental Health Specialist, this application shall be deemed a Permit to Construct for the work described. Do not begin construction until plans have been approved by Environmental Health Services. Please note additional permits (e.g., electrical installation, land use clearance, grading) may also be required from other agencies. THIS PERMIT TO CONSTRUCT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever comes first. No changes from the approved plans are permitted without prior written approval by Environmental Health Services.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

**REQUIRED INSPECTIONS / FINAL CLEARANCE**

An inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) days in advance for each of the following:

- 1) Plumbing
- 2) Pre-Final
- 3) Final Inspection

**Print Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATION DISPOSITION:**  **Approved**  **Denied**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Environmental Health Specialist*

**FOR DEPARTMENT USE ONLY**

**Fixed Fee:** Rec'd By: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Amount Rec'd: \$ \_\_\_\_\_  
Check No.: \_\_\_\_\_ Receipt No: \_\_\_\_\_

**Hourly Billing:** Applicant notified of amount due by Plan Checker (initials) : \_\_\_\_\_ Date: \_\_\_\_\_  
Rec'd by: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Amount Rec'd: \$ \_\_\_\_\_  
Check No.: \_\_\_\_\_ Receipt No: \_\_\_\_\_

**PLAN REVIEW RECORD**

Date plans received: Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
Resubmitted: Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
Permit Conditions: \_\_\_\_\_

**Building and Safety Division Notification: Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Final construction approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Final Clearance by: \_\_\_\_\_ Date \_\_\_\_\_