

SANTA BARBARA COUNTY

PLANNING & DEVELOPMENT

BUILDING & SAFETY

Permit # _____

Minor Building Permit FAX/EMAIL Application/Permit **24 hours advance notice required for inspection**

Santa Barbara Office (805) 568-3030

Fax #568-3103

Inspections #568-3118

Santa Maria Office (805) 934-6230

Fax # 934-6258

Inspections #934-6232



Owner's Name: _____ Phone # _____

Job Address: _____ APN # _____

Mailing Address: _____ City _____ State _____ Zip _____

Contractor's Name: _____ License # _____ Class _____

Address: _____ Phone # _____ Fax # _____

City _____ State _____ Zip _____ EMAIL _____

TYPE OF PERMIT DESIRED: (This application is limited to the types of permits listed below).

Residential Commercial Agricultural

BUILDING PERMIT:

Reroof Permit (*replacing similar weight material*) (Note: Verify High Fire Design Requirements for your work area).

Type of Material existing _____ new _____ # of squares _____

of existing roof layers _____ Weight (lbs per square foot) existing _____ new _____

****SEDIMENT TRAPS REQUIRED FOR APPLIANCE CHANGEOUTS****

PLUMBING PERMIT

Water Heater: Gas or Elect Capacity: _____ Gallons BTU rating _____

Water Line If _____ Gas Line If _____ Sewer Line If _____ Backwater valve Vent system Grease trap

MECHANICAL PERMIT

Forced Air Furnace Gas LPG BTU Rating _____ Return Air Duct Size _____

Wall Furnace Gas LPG BTU Rating _____ (per manufacturer's specs)

ELECTRICAL PERMIT

Electrical Service _____ Amps Overhead Underground Upgrade Temp. Power

Subpanel Installation: _____ Amps _____ # of circuits

Motor Installation: _____ HP _____ HP _____ HP _____ HP Single Line Diag. Included

Comments/Scope of Work:

Estimated Work Value: \$ _____ Smoke Detector/Carbon Monoxide Self Cert. attached (Residential \$1000+)

THIS PERMIT BECOMES NULL AND VOID IF THE WORK AUTHORIZED UNDER THIS PERMIT IS NOT COMMENCED WITH 180 DAYS OF THE ISSUANCE OF THIS PERMIT OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD EXCEEDING 180 DAYS FROM THE DATE THE WORK WAS COMMENCED.

I certify that I am licensed under the State Contractor's License Law and my license is in full force and effect.

Workers Compensation Declaration: I hereby affirm under penalty of perjury, one of the following declarations:

I have and will maintain a Certificate of Consent to Self Insure for Workers Compensation, pursuant to Sec. 3700 of the Labor Code, for the performance of work for which this permit is issued; **OR**

I have and will maintain Workers Compensation Insurance as required by Sec. 3700 of the Labor Code, for the performance of the work for which this permit is issued. My Workers Compensation Insurance Carrier and policy # are:

Carrier: _____ Policy # _____ Expires _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Workers Compensation Laws of the State of California, and agree that if I should become subject to the Workers Compensation provisions of Sec. 3700 of the Labor Code, that I shall comply with those provisions.

Contractor Signature _____ Date _____

Permit Approved by _____ Date _____ Fee \$ _____

Work Inspected and Approved by _____ Date _____
