



# CITY OF MARYSVILLE

## Community Development and Services

526 C St. Marysville, CA 95901

Phone (530) 749-3904 Fax (530)749-3991

Monday – Friday 8 a.m. – 4:30 p.m.

### BUILDING PERMIT APPLICATION

Please print clearly in Ink or Type.

Date \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Job Value \_\_\_\_\_

Project Address \_\_\_\_\_

Project Description \_\_\_\_\_

(Work to be done) \_\_\_\_\_

Fire Sprinkler  Yes  No  Unknown

Property Owner \_\_\_\_\_ Phone #( \_\_\_\_\_ )

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

=====  
Contractor \_\_\_\_\_ Phone #( \_\_\_\_\_ )

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Expiration \_\_\_\_\_

Workers' Comp. Co. \_\_\_\_\_ Policy # and Exp. \_\_\_\_\_

Architect/Engineer \_\_\_\_\_ Phone #( \_\_\_\_\_ )

Occupancy Group \_\_\_\_\_ Type of Construction \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone #( \_\_\_\_\_ )

Contact Person E-mail \_\_\_\_\_

I am aware that I may be subject to a re-inspection fee in the amount of \$66, per incident, if:

1. Access, together with the necessary equipment (i.e., ladder, lift, etc.) to complete the inspection, is not provided for said inspection.
2. If the job is incomplete, not ready for inspections, or requires additional inspections to make corrections and/or has not been rescheduled prior to the inspector's arrival.

APPLICANT SIGNATURE \_\_\_\_\_

Please complete the Encroachment Declaration on the reverse side of this for

PROJECT ADDRESS: \_\_\_\_\_

**ENCROACHMENT DECLARATION**

Will you do any of the following work with your building permit?

	<b>NO</b>	<b>YES</b>
Closing an alley, street, and/or sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
Cutting any portion of an alley, street, or sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
Working above a public right-of-way	<input type="checkbox"/>	<input type="checkbox"/>
Trimming a public tree	<input type="checkbox"/>	<input type="checkbox"/>
Placing a debris box in a public way	<input type="checkbox"/>	<input type="checkbox"/>
Storage of construction equipment	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I have read the above and I have disclosed accurate information regarding the scope of my work at the address I have listed above.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Contractor

\_\_\_\_\_  
Date

Failure to disclose accurate information may result in a \$40.00 fine.

**Submittal Checklist**

(To be completed by the Building Official)

<u>Req'd</u>	<u>Rec'd</u>	<u>Item</u>	<u>SFR</u>	<u>MFR</u>	<u>COM</u>	<u>COMMENTS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application Form	1	1	1	
<input type="checkbox"/>	<input type="checkbox"/>	Owner/Bldr. Form (if applicable)	1	1	1	
<input type="checkbox"/>	<input type="checkbox"/>	Design Review Appl. (if applicable)		1	1	1
<input type="checkbox"/>	<input type="checkbox"/>	Building Plans/Specifications	4	4	4	
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan	4	4	4	
<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Plan (incl. lighting)	2	2		
<input type="checkbox"/>	<input type="checkbox"/>	Roof Top Equipment Specs.		2		
<input type="checkbox"/>	<input type="checkbox"/>	Landscaping Plans	2	4		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Calcs.	2	2	2	
<input type="checkbox"/>	<input type="checkbox"/>	Energy Calcs.	2	2	2	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Load Calcs.	2	2		
<input type="checkbox"/>	<input type="checkbox"/>	Truss Layout/Calcs. (roof/floor)	2	2	2	
<input type="checkbox"/>	<input type="checkbox"/>	1/4" Scale Restroom Plan		4		
<input type="checkbox"/>	<input type="checkbox"/>	Special Inspection Agreement		1		