

BUILDING PERMIT APPLICATION FORM



2022 Building Codes effective January 1, 2023
 Submit completed application with plans. Deposit Required for Review.
 Please Refer to Application Guidelines Inspections: Monday - Thursday
 with 24 hr. Notice, 9:00 a.m.– 3:00 p.m.
 For Questions - Please Call (209) 273-7990 or email building@ci.jackson.ca.us

CITY USE ONLY

Receipt No: _____ Date submitted: _____ Rec'd by: _____ Permit #: _____

Applicant: Fill in ALL applicable areas; PLEASE PRINT CLEARLY

Applicant is:	Name	Phone Number	Type of Building Permit:
Owner			New Construction
Contractor			Tenant Improvement
Architect/Designer			Addition/Remodel/Modification
Engineer			Deck/Patio/ Garage
Other Authorized Agent			Electrical/Service/Solar/Generator
			Plumbing/Sewer/Water
			Other

NOTE: All Projects Require One Set of Printed Plans and a Digital copy.

PROJECT INFORMATION

Applicant: _____
 Assessor's Parcel Number: _____
 Project Address/Location: _____
 Lot #/Suite or Space #: _____
 Project Type (check appropriate item): Commercial _____ Residential _____
 Project Description: _____

 _____ (submit separate attachment if necessary)

Project Valuation: \$ _____ Estimated cost of construction (Subject to verification)

Comm. Sq. Ft. Office: _____ Retail: _____ Warehouse: _____ Other: _____
Res. Sq. Ft. Total Sq. Ft. _____ Dwelling: _____ Gar: _____ Patio/Porch: _____ Deck: _____

BUILDING DEPARTMENT USE ONLY

REVIEWED BY: _____

Applicant submitted the following items: ___ General Plans, ___ Solar Plans, ___ Energy Calculations, ___ Engineered ___
 Truss Calcs ___, Contractor's Worker Comp Ins. Certificate ___, Other: _____

CONTACT INFORMATION

Property Owner:

Applicant: Same as Owner (Y/N) ____

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
Email: _____

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
Email: _____

Project Architect:

Project Engineer:

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
Email: _____
License No: _____
License Expiration Date: _____

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
Email: _____
License No: _____
License Expiration Date: _____

Contractor:

Name: _____
Contact: _____
Address: _____
City, Zip: _____
Phone: _____
Fax: _____
Email: _____

Jackson Business License No: _____
Contractor's License No: _____
License Class: _____
License Expiration Date: _____
Worker's Compensation Insurer: _____
Policy No: _____
Policy Expiration Date: _____

DESIGN STANDARDS: The City of Jackson 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 Jackson. 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 Jackson 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 abovementioned property for inspection purposes.

Signature of Applicant or Agent

Date

Clearance Sheet (For Office Use Only)

Planning Department Clearance: **Date:**

Flood Zone: (Y/N) _____ Zoning: _____ Parcel Size: _____ (Acres)

Specify use: _____ Use Permit Required (Y/N) _____

Parking Spaces Req: _____ Commercial Sq Ft: _____ Cal Trans Notified: (Y/N) _____

Notes _____

Environmental Health Department Clearance **Date:**

Hazardous Materials? (Y/N) _____ EHS Review: _____

Food Facility? (Y/N) _____ EHS Review: _____

Notes: _____

Public Works Clearance: **Date:**

Grading Permit: (Y/N) _____ Encroachment Permit: (Y/N) _____

Water connection Req: (Y/N) _____ Sewer Connection Req: (Y/N) _____

Notes _____

Fire Marshal Clearance: **Date:**

Grading Permit: (Y/N) _____ Encroachment Permit: (Y/N) _____

Water connection Req: (Y/N) _____ Sewer Connection Req: (Y/N) _____

Notes _____

City Engineer Clearance: **Date:**

Grading Plan: (Y/N) _____ Structural Calculations: (Y/N) _____

Other: (Y/N) _____

Other: (Y/N) _____

Notes _____