


PLANNING & COMMUNITY DEVELOPMENT
BUILDING & SAFETY DIVISION

 809 Center Street • Room 101 • Santa Cruz, CA 95060
 (831)420-5120 • permits@santacruzca.gov

Permit #:

APPLICATION DATE:

PERMIT APPLICATION EXPIRATION DATE:

ESTIMATED PLAN CHECK REVIEW DUE DATE:

BUILDING PERMIT APPLICATION

PROJECT ADDRESS:					APN:				
CHOOSE ONE:									
NEW		ADDITION		REMODEL		ADDITION & REMODEL		REPAIR	
RESIDENTIAL/TYPE:		SFD	ADU	JADU	DUPLEX	R2	COMMERCIAL		
PROJECT DESCRIPTION:									
APPLICANT					OWNER				
(CHECK ONE) PROPERTY OWNER OWNER'S AGENT CONTRACTOR					(CHECK ONE) ARCHITECT/ENGINEER DESIGNER OWNER				
FIRST NAME/MI LAST NAME					FIRST NAME/MI LAST NAME				
ADDRESS					ADDRESS				
CITY STATE ZIP					CITY STATE ZIP				
PHONE					PHONE				
E-MAIL					E-MAIL				
BUILDER					PLANS PREPARER				
(CHECK ONE) CONTRACTOR LIC. TYPE/#: OWNER/BUILDER					(CHECK ONE) ARCHITECT/ENGINEER DESIGNER OWNER				
FIRST NAME/MI LAST NAME					FIRST NAME/MI LAST NAME LIC #:				
COMPANY NAME					COMPANY NAME				
ADDRESS					ADDRESS				
CITY STATE ZIP					CITY STATE ZIP				
PHONE					PHONE				
E-MAIL					E-MAIL				
PERMIT SCOPE AREAS						BUILDING INFORMATION			
PROJECT AREA DESCRIPTION	OCCUPANCY CLASSIFICATION		CONSTRUCTION TYPE		BUILDING AREA (SF)	(E) BUILDING AREA [SQUARE FEET]	# OF STORIES:		
	GROUP	SUBGROUP	GROUP	SUBGROUP			ATTACHED GARAGE	BASEMENT	
						CONDITIONED:			
						UNCONDITIONED:			
						TOTAL:			
						CURRENTLY SPRINKLERED?	YES	NO	
OTHER - SEE HTTPS://VW8.CITYOFSANTACRUZ.COM/PUBLIC/ :									
WUI ZONE						FLOOD ZONE			
LIQUEFACTION ZONE									
OPTIONALLY, CONTRACT/BID AMOUNT MAY BE USED TO ESTABLISH PERMIT VALUATION FOR CERTAIN PERMIT TYPES.									
CONTRACT AMOUNT:									

TOTAL AREA:

The undersigned attests that, to the best of their knowledge, the above information is true and correct:

Applicant Name (print)

Title

Signature

Date



Contractor's Declaration & Agency Authorization

Permit #:

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 #: _____

Date

Contractor's Signature

I certify that I have read this application and state that the above information is correct. I agree to comply with all sections of the City of Santa Cruz Municipal Code, County ordinances, and State laws relating to building construction, and hereby authorize representatives of the City of Santa Cruz to enter upon the above-mentioned property for inspection purposes.

Date

Signature of Applicant or Agent

FOR STAFF USE ONLY

Receipt is hereby acknowledged of the amount shown on the attached permit as fees required by law for plan checking and building permits.

By: _____

Building & Safety Division

Commencement of work shall be deemed as the actual placement of the first permanent elements of the permitted structure, such as the foundation or pilings. Preparatory grading and temporary structures shall not constitute commencement.

No changes in previously approved plans, other than error corrections, shall be allowed when extensions are granted. The building official shall not make such extensions for a period exceeding 180 days and only one such extension is allowed in the life of the permit.

The issuance of a permit based on plans, specifications, and other data shall not prevent the building official from thereafter requiring the correction errors discovered or from preventing building operations being carried on there under when in violation of any ordinances of the City of Santa Cruz.

Construction Lending Agency

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit issued (Sec. 3097, Civ. C.).

Lender's Name

Address

State Zip

Worker's 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 worker's compensation, as provided for by Section 3700 of the Labor Code, for performance of the work for which this permit is issued.

_____ I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier

Policy #

(This section need not be completed if the permit is for 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, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date

Signature of Applicant

Print Name

WARNING: Failure to secure Worker's Compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand (\$100,000) in addition to the cost of compensation, damages as provided for in §3706 of the Labor Code, interest, and attorney's fees.