CITY OF ELK GROVE DEVELOPMENT SERVICES • BUILDING SAFETY & INSPECTION 8401 LAGUNA PALMS WAY • ELK GROVE, CALIFORNIA 95758 PHONE (916) 478-2235 FAX (916) 691-4757 WWW.ELKGROVECITY.ORG

ELK GROVE

Application for Building Permit

Application for Building	y remin							
Project Identification:								
APN: <u>123-1234-0000</u> Lot #:	Suite or Space # :							
Job Address: _1234 Laguna Palms Way	X-Street: Laguna Springs Way							
Project Type (check appropriate item)								
Pe	rmit Type(s) (check appropriate items)							
	X_BLDG X_MECH X_PLUMB X_ELEC							
If Residential, Year the Home was Built: 1950								
Scope of Work Demolish Single Family Dwelling								
Valuation: \$_10,000 Construction Type:VE	B Occupancy: <u>R3</u>							
Is Bldg. Sprinklered: X Yes No Is Bld	dg. Conditioned: X YesNo							
Existing Use: Single Family Dwelling	Proposed Use: <u>N/A</u>							
Existing Tenant NameN/A Proposed Tenant NameN/A								
Existing/Proposed Well or Septic:YesX_ No # of Stories: # of Units:								
Comm. Sq. Ftg. Office: Retail:	Warehouse: Other:							
Res. Sq. Ftg. Total Sq. Ft.: <u>1700</u> Dwelling: <u>1,200</u>	Addition: Remodel:							
Garage: 400 Patio: Porch: 100	Deck: Pool:							
(Production Homes Only) Building Master Plan #:	Plan #:							
Property Owner's Name, Address, Phone								
Name John Doe	Home Phone: (916) 123-1234							
Address 1234 Laguna Palms Way	Bus. Phone:							
City Elk Grove	State CA Zip Code 95758							
E-mail YourName@yahoo.com								
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Contractor's Name, Address, Phone & Contractor's Lic. # Check Here if "Owner/Builder" Permit								
Name Best Building Group	Home Phone:							
Address 1234 Contractor Road	Bus. Phone: (916) 567-8910							
City Sacramento	State <u>CA</u> Zip Code <u>95825</u>							
License #: CA1234567	License Classifications(s): _B							
E-mail <u>ElkGroveGroup@gmail.com</u>								
Architect X Designer	Engineer (please check one)							
Name _Jane Smith	Phone: (916) 123-1234							
Address _5678 Architect Way	Bus. Phone: (916) 123-1234							
City Elk Grove	State <u>CA</u> Zip Code <u>12345</u>							
E-mail YourNameaArchitecture@yahoo.com								
Applicant/Contact person: OwnerX Contractor								
Name Jack Jones with Best Building Group	Phone:							
Address 1234 Contractor Road	Bus. Phone: (916) 567-8910							
City <u>Sacramento</u>	State CA Zip Code 95825							
E-mail ElkGroveGroup@gmail.com								
<u>Jack Jones</u> <u>Jack Jones</u>	1-1-2024							

Date

Applicant Signature Printed Name

(Complete & Sign Reverse Side

Application Expiration

An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing. Any building application that has expired is subject to a new plan review and new plan review fees. A new plan review shall be required for compliance with the latest adopted codes should a new code cycle have been implemented and adopted by the City of Elk Grove any time during the life of the expired application.

Public Record

Lender's Address

This form and the information provided by the requesting party is a public record and may be subject to public disclosure.

Public W	orks Release (Please check YES or NO)						
1.	Will this project grade, fill, excavate, store or d	ispose of 350 cubic yards or more of soil?	YES		NO	X	Initial JJ
2.	Will this project clear and grub one acre or mo	re of land?	YES		NO	X	Initial <u>JJ</u>
3.	Will this project interrupt any existing drainage	courses or patterns?	YES		NO	X	Initial <u>JJ</u>
f yes was	checked for any of the above questions, please of	contact the Public Works Department at (S	916) 478	3-2256	for furt	her sub	mittal
•	etector and Carbon Monoxide Alarm Ce	rtification Acknowledgement					
When build alarms must epairs to repacts	ling permits are issued for additions, alterations of the installed for the safety of the occupants if the esidential buildings with attached garages and/of if they do not already exist. For additional inform Handouts webpage.	or repairs to residential buildings and the va ney do not already exist. When building perr r gas appliances carbon monoxide alarms n	nits are nust be	issued installe	l for ade ed for th	ditions, ne safet	alterations or y of the
omply.	nitials) I understand the above requirements and	d certify that we now have smoke alarms ar	nd carbo	n mon	oxide a	ılarms ir	nstalled that
EPA Unit	ed States Environmental Protection Age	ency					
ead-based	ovation, Repair and Painting Program (RRP Rul I paint in homes, child care facilities and pre-sch novators who are trained by EPA-approved train	ools built before 1978 have their firm certifie	d by EF				
	Initials) I have read and acknowledge that unde the environment. For additional information ref		tices tha	at creat	e a lea	d hazar	d and
Notice: 1	This form and the information provided b	by the Applicant is a public record so	ubject	to pul	blic di	sclosu	ıre.
Owner-B	uilder Declaration						
	I hereby affirm under penalty of perjury that I a 7031.5, Business and Professions Code: Any any structure, prior to its issuance, also require pursuant to the provisions of the Contractors' S Business and Professions Code) or that he or Section 7031.5 by any applicant for a permit so	r city or county that requires a permit to conses the applicant for the permit to file a signer State License Law (Chapter 9 (commencing she is exempt there from and the basis for t	struct, a d staten with Se the alleg	Iter, im nent that ection 7 ged exe	iprove, at he or (000) of emption	demolis r she is f Divisio	sh , or repair licensed per on 3 of the
	I, as owner of the property, or my employees v or offered for sale (Sec. 7044, Business and P property who builds or improved thereon, and that the improvements are not intended or offer completion, the owner-builder will have the built, as owner of the property, am exclusively con	rofessions Code" The Contractor's State Lic who does the work himself or herself or thro red for sale. If however the building or impr rden of proving that he or she did not build o	cense La ough his ovemer or impro	aw doe or her nt is sol ve for t	s not a own er ld within the purp	pply to a mployee n one ye pose of	an owner of es, provided ear of sale.).
	Professions Code: The Contractors' State Lice who contractor for the projects with a contractor	ense Law does not apply to an owner of pro	perty w	ho buile	ds or in		
	DateC	Owner's Signature					
Licensed	Contractor's Declaration						
	firm under penalty of perjury that I am licensed u nd Professions Code, and my license is in full fo		with Se	ction 70	000) of	Division	n 3 of the
_icense Cla	ass(es): <u>B</u>	Contractor's License #: CA123456	7				
Expiration	Date: 12-31-2025	Contractor Best Building Gr	oup				
Workers'	Compensation Declaration						
hereby af	firm under penalty of perjury one of the following	declarations:					
	I have and will maintain a certificate of consen- Code, for the performance of the work for which		s provid	ded for	by Sec	tion 370	00 of the Labo
X	I have and will maintain workers' compensation work for which this permit is issued. My worke					he perfo	ormance of the
	Carrier: Best Insurance Company	Policy #: 1	098765	4321 <u> </u>			
	(This section need not be completed if the peri	mit is for one hundred dollars (\$100) or less).				
	I certify that, in the performance of the work for become subject to the workers' compensation compensation provisions of Section 3700 of the	laws of California, and agree that, if I should	d becom	ie subj	ect to t		
	Date_1-1-2024	Contractor's Signature Jack Jones	<u>s</u>				-
Construc	tion Lending Agency						
	firm under penalty of perjury that there is a const sued (Sec. 3097, Civ, C.).	ruction lending agency for the performance	of the v	vork fo	r which	this	
Lender'	s Name						