

**City Of
San Juan Bautista
Building Department**

Application for Building Permit

(Must be complete, legible and accurate)

311 Second Street
P.O. Box 1420
San Juan Bautista, CA 95045
(831) 623-4661
Fax: (831) 623-4093

Application Date: _____

Building Permit No.: _____

Building Type: Commercial Industrial Residential
Construction Type: New Construction Addition Remodel Other: _____
Permit Type: Building Mechanical Plumbing Electrical

DESCRIPTION OF WORK: _____

JOB ADDRESS: _____	CITY: _____	ZIP: _____
A.P.N.: _____	SUBDIVISION: _____	LOT#: _____

OWNER NAME: _____	PHONE:(____)
ADDRESS: _____	CITY: _____ ZIP: _____

TYPE OF CONSTRUCTION: _____	USE: _____	OCC. CLASS: _____
SQ. FOOTAGE: _____	VALUATION: \$ _____	STORIES: _____

CONTRACTOR: _____	PHONE:(____)
ADDRESS: _____	CITY: _____ ZIP: _____
CONTRACTOR LICENSE NO: _____	CONTRACTOR CLASS: _____ BUS LICENSE: _____

*****FOR DEPARTMENT USE ONLY*****

INITIAL APPLICATION FEES

Building	\$	Plan Check	\$
Plumbing	\$	SMOT	\$
Mechanical	\$	Green Fee SB 1473	\$
Electrical	\$	SUBTOTAL PERMIT FEES	\$
		PLAN CHECK DEPOSIT --	\$
SUBTOTAL	\$	TOTAL PERMIT FEES OWED	\$\$

*Additional fees may be required. Contact the City for more information.

APPLICANT SIGNATURE **DATE** **REVIEWED BY**

*Required for Clearance

Planner		Health Dept.		City Engineer		Fire Dept.		Public Works	
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LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professionals Code and that my contractors license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information is true and correct.

Signed _____

Dated _____

Print Name of Signer _____

License # _____

License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insured, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy # _____

Company _____

Certified copy is hereby furnished

Certified copy is filed with the building inspection department of the City of San Juan Bautista

Applicant Signature _____

Dated _____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

A. I am the owner of the above property and I will contract to have all the work performed by licensed contractors.

B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in Accordance with Statement "C".

C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____

Print Name of Signer _____

Date _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in 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.

Applicant Signature _____ Date _____

NOTICE TO 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 (Section 3097, Cir. C).

Lender's Name _____

Lender's Address _____

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 CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature _____ Date _____

CITY OF SAN JUAN BAUTISTA

P.O. Box 1420, 311 Second Street
San Juan Bautista, Ca 95045

PLANNING DEPARTMENT

Phone:(831) 623-4661
Fax: (831) 623-4093

REQUIREMENTS FOR OWNER-BUILDER PLANS FOR BUILDING PERMIT ISSUANCE

1. **Plot Plan**
This plan should show existing buildings and their relationship to property lines, showing additions or remodeling with dotted lines (& identified as new work).
2. **Foundation Plans**
These plans should include the size of footings; soils tests; size of reinforcement steel; placement details for rebar; size and type of hold downs and bolts for foundation plates.
3. **Complete Floor Plans**
These plans should include a layout of every room with electrical, mechanical, and plumbing keyed to the floor plans with standard construction symbols for each discipline.
4. **Roof Plans**
These plans should include all structural-framing details for the roof system.
5. **Framing Plans**
These plans should show all types of lumber or steel being used for the project. Wall construction details including insulation for walls and ceilings and wall covering materials should be included.
6. **Elevation Drawings**
These drawings should illustrate the complete exterior profile of the building, including the height from grade to the top of the structures.
7. **Sections and Details**
These should show how all the framing members are connected, strapped, nailed, screwed, or bolted together.
8. **Cross Sections of Foundation**
These drawings should identify dimensions of footings, stem walls, grade beams, and sizes of reinforcement rebar and hold-downs.