



PROJECT NUMBER:

APN:

ADDRESS:

# BUILDING PERMIT & GRADING PERMIT APPLICATION

**South County Office**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)

**North County Office**  
624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

**TYPE OF WORK:** (Check all that apply)

- New Structure  Addition  Ext. Alter.  Int. Remodel  Change of Use  Demo  Move  Sign  Pool/Spa
- Electrical  Plumbing  Mechanical  Grading  Retaining Wall  Stockpiling  Cannabis Related  Other

Does proposed / existing buildings have Fire Sprinklers  Yes  No

**SITE ADDRESS:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Assessor Parcel No.(s):** \_\_\_\_\_ **Tract No.:** \_\_\_\_\_ **Lot No.** \_\_\_\_\_

**Estimated work value \$** \_\_\_\_\_ **Electronic Submittal Email: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**1. Financially Responsible Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**2. Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
Street City State Zip

**3. Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
Street City State Zip

**4. Arch./Designer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**State License No.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**5. Engineer/Surveyor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**State License/Registration No.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**6. Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**State License No.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please circle primary contact**

## PROJECT INFORMATION

**PROJECT DESCRIPTION SUMMARY** (a description of all work that will commence under this application): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARCEL INFORMATION:** (Check each that applies. Fill in all blanks or indicate "N/A")

- **Existing Use:** Agric. SFD Duplex Multi –Family Retail Commercial Office Indus Vacant
- **Proposed Use:** Agric SFD Duplex Multi –Family Retail Commercial Office Indus
- **Existing:** No. of Buildings \_\_\_\_\_ Gross Floor Area \_\_\_\_\_ Age of Oldest Struct. \_\_\_\_\_ No. Res. Units \_\_\_\_\_
- **Proposed:** No. of Buildings \_\_\_\_\_ Gross Floor Area \_\_\_\_\_ No. Res. Units \_\_\_\_\_
- **Impervious Surfaces** (sq. ft.): Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
(If new or replaced impervious >2,500 sq. ft., a Stormwater Control Plan must be submitted with application)
- **Landscape (sq. ft.)** Existing: \_\_\_\_\_ New: \_\_\_\_\_ Renovated: \_\_\_\_\_ Nonirrigated \_\_\_\_\_
- **Utilities:** **Water:** public private **Sewer Disposal:** public private **Gas:** Natural Gas LPG
- **Grading (cu. yd.):** Cut \_\_\_\_\_ Fill \_\_\_\_\_ Import \_\_\_\_\_ Export \_\_\_\_\_ Total \_\_\_\_\_
- **Total Area Disturbed** (sq. ft./acres): \_\_\_\_\_
- **Max % Slope:** Parcel \_\_\_\_\_ Work site \_\_\_\_\_ **Max Height:** Cut/fill combined slope \_\_\_\_\_ Retaining wall \_\_\_\_\_

I understand and agree that submission of plans for building/grading plan check for the above mentioned property is not a guarantee of approval and if the project is denied by the Planning & Development Department, my advance plan check fee of \$\_\_\_\_\_ is non-refundable.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**BUILDING/GRADING PERMIT APPLICATIONS EXPIRE 365 DAYS FROM THE FILING DATE PER ORDINANCE 5092, SEC. 10-1.7. APPLICATIONS SUBMITTED TO REMEDY A CODE ENFORCEMENT VIOLATION EXPIRE 180 DAYS FROM THE FILING DATE.**

## AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a Building or Grading Permit for my project.

Project Location or Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

Phone Number of Authorized Agent: \_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

\_\_\_\_\_  
Property Owner's Signature:

\_\_\_\_\_  
Date

**OWNER-BUILDER DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any 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  all of or  portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent

\_\_\_\_\_  
Date

**LICENSED CONTRACTOR'S 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 Professions Code, and my license is in full force and effect.

License Class \_\_\_\_\_

License No. \_\_\_\_\_

Date \_\_\_\_\_

Contractor Signature \_\_\_\_\_

**WORKERS' COMPENSATION DECLARATION**

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

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 workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No.

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

Carrier Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Agent \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_ 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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date