

**SANTA BARBARA COUNTY  
PLANNING & DEVELOPMENT**



**BUILDING & SAFETY**

Permit # \_\_\_\_\_

**Minor Building Permit FAX/EMAIL Application/Permit 24 hours advance notice required for inspection**

Santa Barbara Office (805) 568-3030 Fax #568-3103 Inspections #568-3118  
Santa Maria Office (805) 934-6230 Fax # 934-6258 Inspections #934-6232

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Job Address: \_\_\_\_\_ APN # \_\_\_\_\_

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

Contractor's Name: \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ EMAIL \_\_\_\_\_

**TYPE OF PERMIT DESIRED: (This application is limited to the types of permits listed below).**

Residential  Commercial  Agricultural

**BUILDING PERMIT:**

Reroof Permit (*replacing similar weight material*) (Note: Verify High Fire Design Requirements for your work area).

Type of Material existing \_\_\_\_\_ new \_\_\_\_\_ # of squares \_\_\_\_\_

# of existing roof layers \_\_\_\_\_ Weight (lbs per square foot) existing \_\_\_\_\_ new \_\_\_\_\_

**\*\*SEDIMENT TRAPS REQUIRED FOR APPLIANCE CHANGEOUTS\*\***

**PLUMBING PERMIT**

Water Heater:  Gas or  Elect Capacity: \_\_\_\_\_ Gallons BTU rating \_\_\_\_\_

Water Line If \_\_\_\_\_  Gas Line If \_\_\_\_\_  Sewer Line If \_\_\_\_\_  Backwater valve  Vent system  Grease trap

**MECHANICAL PERMIT**

Forced Air Furnace  Gas  LPG BTU Rating \_\_\_\_\_ Return Air Duct Size \_\_\_\_\_

Wall Furnace  Gas  LPG BTU Rating \_\_\_\_\_ (per manufacturer's specs)

**ELECTRICAL PERMIT**

Electrical Service \_\_\_\_\_ Amps  Overhead  Underground  Upgrade  Temp. Power

Subpanel Installation: \_\_\_\_\_ Amps \_\_\_\_\_ # of circuits

Motor Installation: \_\_\_\_\_ HP \_\_\_\_\_ HP \_\_\_\_\_ HP \_\_\_\_\_ HP  Single Line Diag. Included

**Comments/Scope of Work:**

\_\_\_\_\_

Estimated Work Value: \$ \_\_\_\_\_  Smoke Detector/Carbon Monoxide Self Cert. attached (Residential \$1000+)

**THIS PERMIT BECOMES NULL AND VOID IF THE WORK AUTHORIZED UNDER THIS PERMIT IS NOT COMMENCED WITH 180 DAYS OF THE ISSUANCE OF THIS PERMIT OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD EXCEEDING 180 DAYS FROM THE DATE THE WORK WAS COMMENCED.**

I certify that I am licensed under the State Contractor's License Law and my license is in full force and effect.

**Workers 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 Workers Compensation, pursuant to Sec. 3700 of the Labor Code, for the performance of work for which this permit is issued; **OR**

I have and will maintain Workers Compensation Insurance as required by Sec. 3700 of the Labor Code, for the performance of the work for which this permit is issued. My Workers Compensation Insurance Carrier and policy # are:

Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Expires \_\_\_\_\_

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Workers Compensation Laws of the State of California, and agree that if I should become subject to the Workers Compensation provisions of Sec. 3700 of the Labor Code, that I shall comply with those provisions.

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

Permit Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee \$ \_\_\_\_\_

Work Inspected and Approved by \_\_\_\_\_ Date \_\_\_\_\_

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