



A Tradition of Stewardship  
A Commitment to Service

1195 Third Street  
Second Floor  
Napa, California 94559  
707-253-4417 FAX 707-253-4545  
[www.countyofnapa.org/building](http://www.countyofnapa.org/building)

# RESIDENTIAL BUILDING PERMIT APPLICATION

<b>FOR OFFICE USE ONLY</b>	Code Enf Auth	Permit #	Bin
Notes			
New	Addition	Alteration	Replace Move

(Please Print Clearly)

## PROPERTY/WORK DESCRIPTION

Is this application the result of a Code Violation? YES NO

<p>Street Address: _____</p> <p>Suite/Unit #: _____ City: _____ Zip: _____</p> <p>Cross Street: _____</p> <p>APN# <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> Existing Sq. Ft. _____</p> <p>Construction Cost: <input type="text"/> New Sq. Ft. _____</p> <p>Conditioned Sq. Ft. _____</p> <p>Unconditioned Sq. Ft. _____</p>	<p>Work Description:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## PROPERTY OWNER

Is this permit being pulled as Owner/Builder? YES NO

<p>Owner Name: _____</p> <p>Mailing Address: _____ City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____ Email: _____</p>	
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## CONTRACTOR

Company Name: _____	License #: _____	Class: _____	Expires: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Email: _____	Contact Person: _____	Phone: _____	

## PRIMARY CONTACT

All communication from our office regarding your permit will be made to this person.

Primary Contact Name: _____			
Firm: _____	License #: _____		
Address: _____	City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____	
I Represent : Owner Contractor Authorized Agent: <b>Y</b> <b>N</b> (Please provide a signed Authorized Agent Form)			

**YOU MUST COMPLETE BOTH SIDES**

## OWNER BUILDER DECLARATION

(Sec. 7031.5). Business and Professions Code. Any city or county which requires a permit to construct, alter, improve, demolish or repair any structure prior to it's issuance, also requires the applicant for such 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 there from and 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 THE WORK, AND THE STRUCTURE IS NOT INTENDED OR OFFERED FOR SALE.** (Sec. 7044 Business and Professions Code: The Contractors' State License Law does not apply to an owner of the property, who builds or improves thereon, and who does such work himself or herself or through his or her employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)

**I, AS OWNER OF THE PROPERTY, AM EXCLUSIVELY CONTRACTING WITH LICENSED CONTRACTORS TO CONSTRUCT THE PROJECT** (Sec. 7004, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a Contractor's State License Law.

**I AM EXEMPT** under section \_\_\_\_\_ for this reason: \_\_\_\_\_

I HEREBY ATTEST UNDER PENALTY OF PERJURY that I am exempt from the Contractors' State License Law for the above marked reason :

Signature:

Date: \_\_\_\_\_

## WORKER'S COMPENSATION

**I HAVE AND WILL MAINTAIN A CERTIFICATE OF 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 carrier and policy No. are:

Carrier: \_\_\_\_\_

**I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELF-INSURE FOR WORK-ERS' COMPENSATION**, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

**I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THE 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 worker's compensation provisions of Section 3700 of the Labor Code, I shall herewith comply with those provisions. **WARNING:** Failure to secure workers' compensation coverage is unlawful, and subjects 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 to the above marked declarations:

Signature:

Date: \_\_\_\_\_

## DISCLOSURE STATEMENT

I certify that I have read this application and state that the information here in is correct, I agree to comply with all local ordinances and state laws relating to building construction and I make this statement under penalty of law. Furthermore I hereby authorize representatives of the county to enter upon the above-mentioned property for inspection purposes.

**NOTICE: This permit will expire by limitation and become null and void if work authorized by such permit is not commenced within one calendar year or if work is suspended or abandoned at any time after work is commenced for a period of 180 days from last inspection. A request for an extension of time must be submitted in writing to the Chief Building Official within one year of issuance or 180 days from last inspection. This application will expire by limitation if no permit is issued within one year following the date of application.**

I (We) agree to save, indemnify and keep harmless the County of Napa against judgments, cost, and expenses which may in any way accrue against said County in consequence of the granting of this permit.

Signature:

Date: \_\_\_\_\_

Owner

Contractor

Authorized Agent (Must attach letter or Authorized Agent Form)