



Department of Planning and Community Development
 Building Permits Division

1010 10th Street, Suite 3400
 Modesto, CA 95354
 Phone: 209.525.6557
 Fax: 209.525.7759

APPLICATION FOR BUILDING PERMIT

JOB SITE ADDRESS _____ CITY _____ ZIP _____ LOT _____ SUBDIVISION _____	NEAREST CROSS STREET _____ APN _____ - _____ - _____	
OWNER NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ EMAIL ADDRESS _____	CONTRACTOR NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ CONTRACTORS LICENSE # _____ CLASS _____ WORKERS COMP? <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL ADDRESS _____	
APPLICANT NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ EMAIL ADDRESS _____	CONTACT NAME _____ MAILING ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ EMAIL ADDRESS _____	
DESCRIPTION OF WORK TO BE PERFORMED 		
ESTIMATED VALUATION \$ _____	SEWER OR SEPTIC _____	WATER DISTRICT OR PRIVATE WELL _____
SQUARE FOOTAGE OF WORK: RES _____ GARAGE _____ PATIO _____ AGRICULTURAL _____ COMM / INDUST _____ OFFICE _____ OTHER _____		
FIRE HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> FLOOD ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILLIAMSON ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
BY SIGNING & DATING APPLICATION, APPLICANT ACKNOWLEDGES 1) PERMIT AND APPLICATION FEES ARE NON REFUNDABLE BEGINNING 180 DAYS AFTER FEE PAYMENT. 2) ONLY A PROPERTY OWNER OR LICENSED CONTRACTOR (NOT A TENANT OR LESSEE) MAY BE ISSUED A PERMIT APPLICANT'S SIGNATURE _____ DATE _____ THIS APPLICATION SHALL EXPIRE 180 DAYS FROM THE APPLICATION DATE		OFFICIAL USE ONLY
PERMIT # BLD20 _____ - _____ PC FEE _____ DATE _____ REC'D BY _____		

STANISLAUS COUNTY – BUILDING PERMIT APPLICATION CHECKLIST

This checklist is to provide you with a guide to the documents and quantities of documents, which will be needed to process your application. This list may not be all-inclusive as each project is unique within itself. If you have any questions or would like personal assistance with this form, please call (209) 525-6557 Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

All plans except site plan are to be drawn to a minimum ¼” scale on 11” x 17” or larger unlined non grid paper.

BUILDING CODE CURRENTLY IN EFFECT – 2010 CBC, CEC, CPC, CMC AND CFC	OFFICIAL USE ONLY
Items Required For Submittal	
Site Plan Drawn To Scale – Show Complete Parcel with all Dimensions; Location of Proposed Work; Driveway Location and Width; Easements; The Direction North; Well Location; Existing and proposed Septic System; All Setbacks from: Property Lines, Existing Structures, Pools, Septic System, Etc. (3 Sets)	
For Commercial Or Agricultural Projects - Site plan that shows all items listed above plus Access Roads on Property, Fire Hydrants and/or Water Supplies Existing and/or Proposed. Fire Marshal Requirements 552-3700	
Floor Plan - show existing and Proposed area, label use of all rooms (3 Sets)	
Foundation Plan and Related Details (2 sets)	
Floor Framing Plan With Details (2 sets)	
Roof Framing and Related Details or Engineered truss calculations and layout (2 sets)	
Construction Details (2 sets)	
Elevations - Front, Both Sides and Back (3 sets)	
Engineering Calculations - Stamped and Wet Signed (2 sets)	
Electrical Plan with Legend (2 sets)	
Plumbing Plan with Legend (2 sets)	
Heating and Air Conditioning Plan and Title 24 Energy Calculations (2 sets)	
Grant Deed - Recorded copy that shows the parcel split date and legal description – All pages	
Assessor Records – complete copies. These may be obtained from Stanislaus County Assessor’s Office 525-6461	
San Joaquin Valley Air Pollution Control District approved release – Obtain approval from 4230 Kiernan Ave., Modesto 557-6400	
For Commercial Projects – Engineered Aerobic System DER Requirements 525-6700	
For Residential Projects – Aerobic Septic System (for parcels created after 7/13/90 and less than ten acres). Engineered system required under special circumstances - DER Requirements 525-6700	
Property Owner’s Package – Required to be completed for all owner/builder permits	
Flood Zone Area – Provide elevation certificate	
Williamson Act land owner statement	

BELOW FOR OFFICIAL USE ONLY

By signing below, I am acknowledging that I understand the items marked in the above shaded area are still required to process my building permit application. Processing and/or Department reviews may be incomplete or delayed until the items marked above are submitted.

Print Name _____

Signature _____

Title _____

Date _____

Clerk Initials: _____

Case Number BLD20_____ - _____

Project Address: _____