



**Department of Planning and Community Development
Building Permits Division**

1010 10TH Street, Suite 3400, Modesto, CA 95354
 Planning Phone: (209) 525-6330 Fax: (209)525.5911
 Building 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 _____ <u>MAILING ADDRESS</u> _____ 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
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SQUARE FOOTAGE OF WORK:	RES _____	GARAGE _____	PATIO _____
AGRICULTURAL _____	COMM / INDUST _____	OFFICE _____	OTHER _____

FIRE HAZARD AREA? YES NO FLOOD ZONE? YES NO WILLIAMSON ACT? YES 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
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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. Phone hours are 8:00 a.m. to 4:30 p.m. Office hours are 8:30 a.m. to 4:30 a.m.

All plans except site plan are to be drawn to a minimum 1/4" scale on 11" x 17" or larger unlined non grid paper.

BUILDING CODE CURRENTLY IN EFFECT – 2016 CBC, CEC, CPC, CMC, CFC AND CGC	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 and Related Details (2 sets)	
Wall Framing and Related 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) – Residential – single line diagram	
Plumbing Plan with Legend (2 sets) – Residential – fixtures only	
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 processing and/or Department reviews may be incomplete or delayed until the items marked below are submitted.

_____ The items marked in the above shaded area are still required to process my building permit application.

_____ I acknowledge that required departmental review fees have not been paid.

Print Name

Signature

Date

Amount Due

Case Number BLD20_____ - _____

Clerks Initials: _____

Project Address: _____

STRIVING TOGETHER TO BE THE BEST!