



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 _____ <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 _____ |
| SQUARE FOOTAGE OF WORK: RES _____ GARAGE _____ PATIO _____ AGRICULTURAL _____ COMM / INDUST _____ OFFICE _____ OTHER _____ | | | |
| FIRE HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 _____ | | | |

STRIVING TOGETHER TO BE THE BEST!

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 – 2019 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 | |
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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: _____

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