



Residential Permit Application

Project Information:

BV#: _____ Valuation (\$): _____

Project Address: _____

Zoning District: _____ Square Foot: _____

Project Description: NEW SFR ___ SFR REMODEL/ADDITION ___ PLUMBING ___ FENCE ___
 ACCESSORY BUILDING ___ ELECTRICAL ___ SWIMMING POOL ___ OTHER ___

Description of work: _____ . Number of stores: _____

Area Square Feet: Living: _____ Garage: _____ Covered Porch: _____ Total: _____

IS THIS PROPERTY IN A FLOODPLAIN: Yes ___ NO ___ if yes, provide Flood Plain Certificate

Owner Information:

Name: _____ Contact Person: _____

Address: _____

Phone #: _____ Cell# _____ Email: _____

Contractor Information:

General Contractor:	Contract Person	Phone #	Email
Mechanical Contractor:	Contract Person	Phone #	Email
Electrical Contractor:	Contract Person	Phone #	Email
Plumbing Contractor:	Contract Person	Phone #	Email

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require a final inspection.

It shall be unlawful to use or occupy or permit the use of occupancy of any building or premises created, erected, changed, converted, altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official.

I hereby certify that I have read examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Total Permit Fees: _____

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

Approved by BV Inspector: _____ Date Approved: _____

City of Santa Clara Receipt Date: _____

Application Notification Date _____ Applicant Receipt Signature: _____ Applicant Receipt Date: _____