



## Planning and Building Services

**BUILDING PERMIT APPLICATION**

Permit # \_\_\_\_\_

Accepted By: \_\_\_\_\_

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

(Office Use Only)

*Only property owners, licensed contractors or agents with written authorization may obtain permits.*

|                        |                                                                                                                                                                                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MARK ALL<br>THAT APPLY | 1. <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> INDUSTRIAL                                                                                                                        |
|                        | 2. <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Replace <input type="checkbox"/> Demolition                                                                                                                               |
|                        | 3. <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Grading <input type="checkbox"/> Window Change <input type="checkbox"/> Reroof w/Sheathing <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____ |
|                        | <input type="checkbox"/> 2-4 Unit Residential <input type="checkbox"/> Manufactured <input type="checkbox"/> Fire Repair <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Photovoltaic <input type="checkbox"/> Class K                                       |
|                        | <input type="checkbox"/> 5+ Unit Residential <input type="checkbox"/> Modular <input type="checkbox"/> Garage/Storage <input type="checkbox"/> Siding <input type="checkbox"/> Mechanical <input type="checkbox"/> Ag Exempt                                                 |
|                        | <input type="checkbox"/> Second Residence <input type="checkbox"/> Foundation Only <input type="checkbox"/> Deck/Patio Cover <input type="checkbox"/> Reroof <input type="checkbox"/> Plumbing <input type="checkbox"/> Occupancy Change                                     |

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

Driving Directions: \_\_\_\_\_

Complete scope of work: \_\_\_\_\_

Valuation: \$ \_\_\_\_\_

|                                                                                                      | Existing | Proposed |
|------------------------------------------------------------------------------------------------------|----------|----------|
| <b>Residential</b>                                                                                   |          |          |
| <input type="checkbox"/> Living Area                                                                 |          | sf       |
| <input type="checkbox"/> Garage/Storage                                                              |          | sf       |
| <input type="checkbox"/> Deck                                                                        |          | sf       |
| <input type="checkbox"/> Porch                                                                       |          | sf       |
| <input type="checkbox"/> Carport                                                                     |          | sf       |
| <input type="checkbox"/> Remodel                                                                     |          | sf       |
| <input type="checkbox"/> Other:                                                                      |          | sf       |
| <b>Commercial/Industrial</b>                                                                         |          |          |
| <input type="checkbox"/> Office                                                                      |          | sf       |
| <input type="checkbox"/> Medical                                                                     |          | sf       |
| <input type="checkbox"/> Retail                                                                      |          | sf       |
| <input type="checkbox"/> Restaurant                                                                  |          | sf       |
| <input type="checkbox"/> Warehouse                                                                   |          | sf       |
| <input type="checkbox"/> Other:                                                                      |          | sf       |
| <b>Agricultural</b>                                                                                  |          |          |
| <input type="checkbox"/> Other:                                                                      |          | sf       |
| Size of Structure: _____ sf                                                                          |          |          |
| Total # of Bedrooms: _____ Existing _____ Proposed                                                   |          |          |
| If Mobile Home, Year: _____ Make: _____                                                              |          |          |
| Model: _____ Serial #: _____                                                                         |          |          |
| <b>Grading</b> <input type="checkbox"/> YES <input type="checkbox"/> NO                              |          |          |
| Cut _____ (cy) Fill _____ (cy) Slope _____ (sf)                                                      |          |          |
| Area of disturbance _____ (sf)                                                                       |          |          |
| <b>Utilities</b>                                                                                     |          |          |
| <input type="checkbox"/> Well <input type="checkbox"/> Septic <input type="checkbox"/> Public: _____ |          |          |
| <b>Will you or your contractor perform any of the following?</b>                                     |          |          |
| <input type="checkbox"/> Construct/upgrade a fence?                                                  |          |          |
| <input type="checkbox"/> Construct/upgrade driveway?                                                 |          |          |
| <input type="checkbox"/> Construct new road or upgrade an existing approach?                         |          |          |
| <input type="checkbox"/> Install/replace culvert in roadside ditch?                                  |          |          |
| <input type="checkbox"/> Install utilities/services in County Right-of-Way?                          |          |          |
| <input type="checkbox"/> Trim/remove any trees within County Right-of-Way?                           |          |          |
| <input type="checkbox"/> Will not be performing any of the above actions.                            |          |          |
| Are there any other buildings on the site? If so, please describe:                                   |          |          |
| _____                                                                                                |          |          |
| _____                                                                                                |          |          |
| _____                                                                                                |          |          |
| Are there any other adjoining properties owned? If so, list APN's:                                   |          |          |
| _____                                                                                                |          |          |
| _____                                                                                                |          |          |
| _____                                                                                                |          |          |

**Applicant Information:** Please check the appropriate box for the primary contact☐ PROPERTY OWNER☐ AGENT☐ CONTRACTOR☐ OWNER/BUILDER? \*Proof of Ownership will be required

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ License # &amp; Class: \_\_\_\_\_

**Waste Management-Recycling Plan**

- ☐ Yes - I understand that a Construction Waste Management Plan is required for all construction permits of 1,000 sf or more and all demolition permits. 50% diversion of your waste may be required.

**LICENSED CONTRACTOR DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

**Date:** \_\_\_\_\_ **Contractor Signature:** \_\_\_\_\_

**OWNER/BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the 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 from licensure and the 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, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do ( ) all of OR ( ) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

☐ I am exempt from licensure under the Contractors' State License Law for the following reason: \_\_\_\_\_

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

**Date:** \_\_\_\_\_ **Owner Signature:** \_\_\_\_\_

**WORKER S' COMPENSATION DECLARATION:** *Please read carefully and check the applicable statement below:*

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT 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 one of the following declarations:

☐ I have and will maintain 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 insurance carrier and policy number are: Carrier \_\_\_\_\_ Policy No \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

☐ I certify that, in the performance of the work for which this 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 workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number \_\_\_\_\_

**CONSTRUCTION LENDING AGENCY:**

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code). ☐ N/A

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

By my signature below, I certify to the following: I am ( ) a California licensed contractor or ( ) the property owner\* or ( ) authorized to act on the property owner's behalf\*\*. I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

**TIME LIMITATIONS OF APPLICATION:** *An application for a permit for any proposed work shall be deemed to have been abandoned 1 year after the date of filing, unless a permit has been issued. The destruction of documents may occur 180 days after application expiration date.*

**Date:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

\* Requires Separate Owner Verification

\*\*Requires Separate Agent Authorization Form

**Grading or Construction Site Storm Water Runoff Control Applicant Checklist**

City of Fort Bragg Title 17 (coastal) and Title 18 (inland) Land Use and Development Code chapters 60, 62, and 64 provide standards for site design and grading activities. These codes are consistent with State regulations aimed to minimize pollutants of waterways through stormwater runoff. Low Impact Development (LID) methods are required within the City's boundaries for all projects that will disturb **any** soil. Best Management Practices (BMPs) adopted in design and construction must retain natural drainage patterns and healthy soil conditions that preserve infiltration, purification, detention, and retention functions to minimize increases in storm water runoff volume and peak flows to reduce projected runoff by 20%. Construction waste or other pollution is prohibited from entering the storm drainage system.



Simple Form!



**This checklist is to be completed by you (the applicant) to determine if you must submit plans and specifications for storm water runoff control BMPs as a required part of a Planning or Building Permit Application to the City of Fort Bragg. All construction and grading work disturbing soil will implement appropriate BMPs (Best Management Practices).**

**I. PROPERTY OWNER NAME** (To be completed by Applicant)

|                 |  |                |       |
|-----------------|--|----------------|-------|
| NAME            |  | CONTACT PERSON |       |
| MAILING ADDRESS |  |                |       |
|                 |  | CITY           | STATE |
|                 |  | ZIP            |       |
| TELEPHONE       |  | EMAIL          |       |

**II. DEVELOPER/CONTRACTOR INFORMATION** (To be completed by Applicant)

|                      |  |                |       |
|----------------------|--|----------------|-------|
| DEVELOPER/CONTRACTOR |  | CONTACT PERSON |       |
| MAILING ADDRESS      |  |                |       |
|                      |  | CITY           | STATE |
|                      |  | ZIP            |       |
| TELEPHONE            |  | EMAIL          |       |

**III. CONSTRUCTION PROJECT INFORMATION** (To be completed by Applicant)

|                                                                                                                              |  |                                                                 |       |
|------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|-------|
| SITE/PROJECT NAME                                                                                                            |  | SITE CONTACT PERSON                                             |       |
| PHYSICAL ADDRESS/SITE LOCATION                                                                                               |  |                                                                 |       |
|                                                                                                                              |  | CITY                                                            | STATE |
|                                                                                                                              |  | ZIP                                                             |       |
| ASSESSOR PARCEL NUMBER (APN)                                                                                                 |  | EMERGENCY PHONE NUMBER                                          |       |
| A. Total size of construction area<br>_____ SQ. FT. or Acres                                                                 |  | C. Site Status: Percent of site impervious <sup>1</sup> surface |       |
| B. Total area with grading/earth moving/soil disturbance<br>_____ SQ. FT. or Acres                                           |  | No Change <input type="checkbox"/>                              |       |
|                                                                                                                              |  | Before Construction: _____ %                                    |       |
|                                                                                                                              |  | After Construction: _____ %                                     |       |
| D. Is the construction site part of a larger common plan of development or sale? <b>YES NO UNKNOWN</b> (Circle One Response) |  | E. Name of larger common plan/project                           |       |
| H. Anticipated construction start date (initial site disturbance):<br>_____/_____/_____                                      |  | I. Site-work construction completion:<br>_____/_____/_____      |       |

J. Circle or identify all applicable permits directly associated with grading activity, including but not limited to: State Construction General Permit; State 401 Water Quality Certification; U.S. Army Corps 404 Permit; California Fish and Wildlife 1600 Agreement:

**IV. CHECKLIST** (To be completed by Applicant)

|                                                                                                                                             |                               |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------|
| <b>A Is the project located in the the Coastal Zone?</b>                                                                                    | <input type="checkbox"/> YES  | <input type="checkbox"/> NO                              |
| <b>B Will the project disturb 1 acre or more of soil?</b>                                                                                   | <input type="checkbox"/> YES  | <input type="checkbox"/> NO                              |
| If, >1 acre, then provide SWRCB WDID#: _____                                                                                                | <b>Is the SWPPP Attached?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>If, YES, what is the Combined Risk Level (Circle one): 1 2 3</b>                                                                         |                               |                                                          |
| <b>C Will the project disturb any soil?</b> Circle one of the following <2500 sf 2500-5000 sf                                               | <input type="checkbox"/> YES  | <input type="checkbox"/> NO                              |
| <b>D Will your project include work from November 1 to March 30?</b>                                                                        | <input type="checkbox"/> YES  | <input type="checkbox"/> NO                              |
| <b>E Does the storm water runoff from the construction site discharge to (check all that apply):</b>                                        |                               |                                                          |
| 1. <input type="checkbox"/> Remain on-site/Indirectly to waters of U.S. 2. <input type="checkbox"/> Storm Drain System - Owners Name: _____ |                               |                                                          |
| 3. <input type="checkbox"/> Directly to waters of the U.S. (e.g. <b>Noyo River</b> , Pudding Creek, wetlands, ocean) - Name: _____          |                               |                                                          |

**V. CONSTRUCTION SITE STORM WATER POLLUTION PREVENTION PLAN REQUIREMENT** *(To be completed by Applicant)*

If the answer to any question, above, in Part IV Checklist is "YES", then BMPs for construction site runoff control shall be submitted with your Permit Application; **submit A or B (below) with your Planning or Building permit application:**

**A.** If your project requires coverage under the State Water Resources Control Board Construction General Permit (CGP), typically project  $\geq$  one-acre, attach a copy of the submitted Storm Water Pollution Prevention Plan (SWPPP) for Storm Water Associated with Construction Activity, including the Notice of Intent (NOI) and WDID Number.

**B. If a CGP is not required,** submit a Runoff Mitigation Plan or Erosion and Sediment Control Plan with design and construction site BMPs layout diagram(s) and BMP specifications prepared by a Qualified Storm Water Developer (QSD) OR applicant/owner/contractor-prepared BMP plans and specifications referencing BMP information obtained from City or County Department of Planning and Building Services and/or the California Storm Water Quality Association or Center for Watershed Protection BMP Handbooks.

**VI. REQUIREMENT FOR REDUCING POLLUTANTS IN STORM WATER** *(Information to Owner/Applicant/Contractor)*

Pursuant to Title 17 and 18 sections 62-64 of the City of Fort Bragg's Land Use and Development Code for development within the City limits, any project with construction or grading work that disturbs any soil shall implement Best Management Practices to prevent the discharge of excessive runoff, construction waste, debris or contaminants from construction materials, tools and equipment from entering the storm drainage system. Temporary and permanent BMPs are best selected based on the particular resources and sensitivities of the site, distance to roadway or stream, soil conditions, special landscape features, etc. BMPs shall include but not be limited to the following as condensed from City Zoning Code.

1. **Schedule construction activity April 1 - October 31 after which all disturbed soils are to be stabilized.**
2. **Eliminate the discharge of sediment and other stormwater pollution resulting from construction activities.**
3. **Mulching, seeding etc to protect exposed erodible areas during construction.**
4. **Treat stockpiled soils to eliminate sediments running into the street, adjoining properties, and/or stormdrains.**
5. **Sediments or other materials which are tracked off the site must be removed the same day.**
6. **Erosion control measures must include energy absorbing structures to reduce the velocity of runoff water (straw bales, straw wattles, detention ponds, sediment ponds, or infiltration pits, etc).**
7. **Land disturbance activities during construction (e.g., clearing, grading, cut-and-fill) shall be minimized.**
8. **Construction shall minimize the disturbance of natural vegetation (including significant trees, native vegetation, and root structures).**
9. **Minimize the generation, transport and discharge of pollutants through the use of LID including but not limited to vegetative swales, green roofs, curb cuts, permeable decking and pavements, and rain gardens.**
10. **"Good Site Housekeeping": Cover loose non-active stockpiles, store chemicals in water-tight containers, clean up worksite daily, maintain any materials, debris, soil, etc within property setbacks.**

<sup>1</sup> "IMPERVIOUS" - UNNATURALLY IMPENETRABLE TO RAINFALL OR RUNOFF (ROOF, SIDEWALK, DRIVEWAY, PARKING LOT)

**VII. CERTIFICATION** *(To be completed by Applicant)*

The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY** *(To be completed by Building Division)*

Submittal Date \_\_\_\_\_

Building Permit Number \_\_\_\_\_

MS4 AREA?

COASTAL ZONE?

Received by \_\_\_\_\_

Date \_\_\_\_\_

Notes: Special WQ area? Y or N

Drains to Noyo? (Sed impaired) Y or N