BUILDING PERMIT APPLICATION

Community Development Department
1600 First St., P.O. Box 660
Napa, CA 94559-0660
Phone: (707) 257-9540 Facsimile: (707) 257-9522
Inspections: (707) 257-1063

(Department Use Only)

*Permit NO.*_____

Received By:

_____

Project Address:_____

Description of Work:_____

_____

Cost of Construction (Valuation): $ _____ (Valuation= Labor + Materials)

☐ New Submittal ☐ Revision to Issued Permit

☐ Additional Information ☐ Response to Plan Check Permit NO.:_____

Type of Permit

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Grading cu yd._____ ☐ Demolition

General Info.:

Total Sq. Ft. of project: _____ Total Sq. Ft. Added: _____ NO. of Units:_____

OWNER: ☐ APPLICANT

Name:_____

Address:_____

City & State:_____ Zip:_____

Phone #:_____ FAX #:_____

E-mail:_____

CONTRACTOR: ☐ APPLICANT

Company:_____--__

Lic.#:_____Class:_____

Address:_____

City & State:_____ Zip:_____

Phone #:_____ FAX #:_____

E-mail:_____

APPLICANT: (IF DIFFERENT THAN ABOVE)

Name:_____Company:_____

Lic.#:_____ ☐ ARCHITECT ☐ ENGINEER ☐ OTHER:_____

Address:_____ City & State:_____ Zip:_____

Phone #:_____ FAX #:_____ E-mail:_____

I certify that the information on this application is true and correct.

_____

Applicant's Printed Name Applicant's Signature Date

FOR DEPARTMENT USE ONLY

Planning Approved: ☐ YES ☐ NO If YES, Planning Project NO.:

Hillside:	Historic:	Floodplain/Floodway:	Fire Protection:	Stormwater Handout:	Permit Category:
YES ☐	YES ☐	YES ☐	YES ☐	YES ☐	1 ☐ 3 ☐
NO ☐	NO ☐	NO ☐	NO ☐	NO ☐	2 ☐

Distribution: ☐ Building ☐ Planning ☐ Development Engineering ☐ Fire

Additional Approvals: ☐ Environmental Health ☐ Napa Sanitation