

BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION



PERMIT NO. B - _____

APPLICANT INFORMATION

APPLICANT'S NAME <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ENGINEER/ARCHITECT <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER () -	
IF APPLICANT IS A BUSINESS, PLEASE LIST THE PRIMARY CONTACT	TELEPHONE NUMBER () -	EMAIL ADDRESS	
APPLICANT'S PHYSICAL ADDRESS	CITY	STATE	ZIP
APPLICANT'S MAILING ADDRESS <input type="checkbox"/> Same as Physical Address	CITY	STATE	ZIP

PROPERTY OWNER(S) INFORMATION SAME AS APPLICANT INFORMATION

PROPERTY OWNER(S) NAME		TELEPHONE NUMBER () -	
PROPERTY OWNER'S PHYSICAL ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER'S MAILING ADDRESS <input type="checkbox"/> Same as Physical Address	CITY	STATE	ZIP

CONTRACTOR INFORMATION

CONTRACTOR'S NAME		STATE LICENSE #	CLASSIFICATION	EXPIRATION
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER () -	FAX NUMBER () -	EMAIL ADDRESS		
WORKER'S COMPENSATION CARRIER (INCLUDE COPY OF CERTIFICATE)		POLICY #	EXPIRATION	

PROJECT INFORMATION RESIDENTIAL COMMERCIAL*Letter of Authorization Required*

PROJECT ADDRESS	ASSESSOR'S PARCEL NUMBER (APN)
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CHECK ALL WHICH APPLY:

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> BLOCK WALL
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FIREPLACE	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> SIGN
<input type="checkbox"/> SWIMMING POOL/SPA	<input type="checkbox"/> FIRE REPAIR	<input type="checkbox"/> REROOF _____ SQ. FT.	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> GRADING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> DECK/PATIO COVER	<input type="checkbox"/> MECHANICAL

IS THIS PROPERTY CURRENTLY RED TAGGED? YES NO

PLEASE BE SURE THAT FRONT SIDE IS COMPLETED. THANK YOU.

PROJECT INFORMATION (CONTINUED)

EXISTING: Floor Area _____ sq. ft. Garage: _____ Other: _____ # of Units: _____

PROPOSED: Floor Area _____ sq. ft. Garage: _____ Other: _____ # of Units: _____

SETBACKS: Front: _____ Rear: _____ Left: _____ Right: _____

of Bedrooms: _____ # of Bathrooms: _____ Total # of Rooms: _____

Lot Size: _____ Lot Dimension: _____ Lot Coverage %: _____

DESCRIPTION OF WORK:

RENOVATION, REPAIR AND PAINTING (RRP) RULE

1. Was property constructed prior to 1978? YES NO

If yes, please answer questions 2 and 3. If no, proceed to Construction Valuation Section.

2. Is property one of the following?

Residential Home (Single or Multi-family) Child Care Facility Pre-School

No, property is not any of the above. *Skip question #3. Proceed to Construction Valuation Section.*

3. The United States Environmental Protection Agency's (EPA's) Renovation, Repair and Painting Rule (RRP) requires contractors whose work disturbs paint in a pre-1978 residence, child care facility or pre-school to be RRP-certified firm. This also applies to rental property owners and property managers who do the paint-disturbing work themselves or through their employees. Failure to comply with the RRP Rule may result in enforcement action by the EPA.

An EPA lead-safe certified Renovator will be responsible for this project.

Certified Firm Name: _____ Firm Certification No.: _____

There will be no disturbance of lead-based paint in the performance of work to which this permit is being issued.

I, as property owner **and** occupant, am not required to comply with the RRP as I will be doing the work myself on the residence in which I reside. *(This does not apply to rental properties)*

CONSTRUCTION VALUATION: \$ _____

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION OF ENTRY:

I certify that I have read this application and state the information provided is true and correct. I agree to comply with all State laws and City ordinances relating to the construction to which this permit is issued. I authorize the City of Barstow's Building Department representative(s) to enter upon the property for which this building permit is issued for the purpose of conducting related inspections.

SIGNATURE

PRINTED NAME

DATE

For Office Use Only

DATE APPLICATION RECEIVED

APPROVED BY