

PERMIT WORKSHEET

Read and Complete ALL Applicable Information.
PLEASE PRINT CLEARLY

1. Job Address _____

2. Lot # _____ 3. Parcel # _____

4. Subdivision _____ Zoning _____

5. Owner of Property or Commercial Lessee

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email address: _____

6. Contractor

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with § 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

Business Name _____

CSLB. # _____ Class _____ Exp. Date ____/____/____

Novato Bus. Lic. # _____

Address _____

City _____ State _____ Zip _____

Phone # _____ FAX # _____

Email address: _____

7. Workers' Compensation

I hereby affirm that I have a certificate of consent to self insure or a certificate of Workers' Compensation Insurance (§ 3800, Lab. C).

Insurance Co.: _____

Policy # _____

Insurance Expiration Date ____/____/____ *For City Use Only:*

If Exempt, Initial Here

8. Owner/Builder Declaration

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.

9. Architect or Engineer

Name _____

Lic. # _____ Exp. Date ____/____/____

Address _____

City _____ State _____ Zip _____

Phone # _____ FAX # _____

Email address: _____

10. Applicant's Signature

Applicant is:

Owner Contractor Architect/Engineer

Lessee Agent Trustee

Print Name _____

Applicant's Signature _____

Date _____



City of Novato
Community Development
Building Division
922 Machin Avenue
Novato, CA 94945
(415) 899-8989

Permit # _____

11. Detailed Job Description

- New Remodel Addition
 Repair Demolition Other

Describe Work to be Done _____

12. Applicant

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email address: _____

13. Job Type

- Single Family Res. Multiple Family Res.
 Retail/Commercial Industrial Office
 Restaurant Retaining Wall Reroof
 Plumbing Electrical Mechanical

14. Valuation of Work _____ \$ _____

15. Permit Deposit (office use only)

Date	Amount	Receipt #	By	Account #

16. Conditions of Approval/Notes (office use only)

17. Routing/Approvals (office use only)

Department	Signature	Date
* Planning		
Engineering		
Building		
Health		
Fire Dist.		
Other		

Occ Use _____ Occ Class _____

Occ Load _____ Constr Type _____

SprnkIrd _____ Sq Ft _____

Stories _____ Flood Zone _____

* AHU: _____ #: _____ Level: _____

For Office Use Only

Permit # _____

Fee Item List

<table border="0" style="width: 100%;"> <tr><td>C5</td><td>Building Permit</td><td>_____</td></tr> <tr><td>E4</td><td>Electrical Permit</td><td>_____</td></tr> <tr><td>E4</td><td>Mechanical Permit</td><td>_____</td></tr> <tr><td>E4</td><td>Plumbing Permit</td><td>_____</td></tr> <tr><td colspan="3">Permit Subtotal</td></tr> <tr><td>C6</td><td>Addnl. Bldg. Plan Check Fees</td><td>_____</td></tr> <tr><td>GB</td><td>Admin Fee - Consultant Contracts</td><td>_____</td></tr> <tr><td>AZ</td><td>Afford. Housing In-Lieu Fees</td><td>_____</td></tr> <tr><td>GL</td><td>Application Review Deposit</td><td>_____</td></tr> <tr><td>LP</td><td>Bldg. Eng. Plan Check - Consult.</td><td>_____</td></tr> <tr><td>F1</td><td>Bldg. Eng. Plan Check/Site/Struct</td><td>_____</td></tr> <tr><td>F1</td><td>Bldg. Eng. Site Inspection</td><td>_____</td></tr> <tr><td>E6</td><td>Bldg. Investigation Fee</td><td>_____</td></tr> <tr><td colspan="3">_____</td></tr> <tr><td>C6</td><td>Building Plan Check</td><td>_____</td></tr> <tr><td>GT</td><td>Crime Prevention</td><td>_____</td></tr> <tr><td>F4</td><td>Deposit in Trust</td><td>_____</td></tr> <tr><td>C8</td><td>Energy Plan Check</td><td>_____</td></tr> <tr><td>D9</td><td>OSS - Bldg/Eng. Plan Check</td><td>_____</td></tr> <tr><td>C6</td><td>OSS - Bldg. Plan Check</td><td>_____</td></tr> <tr><td>E2</td><td>OSS - Planning Plan Check</td><td>_____</td></tr> <tr><td>_____</td><td>Park Dev. Tax Dist. #</td><td>_____</td></tr> </table>	C5	Building Permit	_____	E4	Electrical Permit	_____	E4	Mechanical Permit	_____	E4	Plumbing Permit	_____	Permit Subtotal			C6	Addnl. Bldg. Plan Check Fees	_____	GB	Admin Fee - Consultant Contracts	_____	AZ	Afford. Housing In-Lieu Fees	_____	GL	Application Review Deposit	_____	LP	Bldg. Eng. Plan Check - Consult.	_____	F1	Bldg. Eng. Plan Check/Site/Struct	_____	F1	Bldg. Eng. Site Inspection	_____	E6	Bldg. Investigation Fee	_____	_____			C6	Building Plan Check	_____	GT	Crime Prevention	_____	F4	Deposit in Trust	_____	C8	Energy Plan Check	_____	D9	OSS - Bldg/Eng. Plan Check	_____	C6	OSS - Bldg. Plan Check	_____	E2	OSS - Planning Plan Check	_____	_____	Park Dev. Tax Dist. #	_____	<table border="0" style="width: 100%;"> <tr><td>C7</td><td>Plan Storage Flat \$3.90</td><td>_____</td></tr> <tr><td></td><td>.30 X _____</td><td>_____</td></tr> <tr><td></td><td>\$1.25 X _____</td><td>_____</td></tr> <tr><td colspan="3">_____</td></tr> <tr><td>E2</td><td>Planning Plan Check for Bldg.</td><td>_____</td></tr> <tr><td>7P</td><td>Planning Plan Check - Consult.</td><td>_____</td></tr> <tr><td>E3</td><td>Planning Site Inspection</td><td>_____</td></tr> <tr><td>D1</td><td>Residential Development Tax</td><td>_____</td></tr> <tr><td>C9</td><td>Seismic for Commercial</td><td>_____</td></tr> <tr><td>C9</td><td>Seismic for Residential</td><td>_____</td></tr> <tr><td>DQ</td><td>Fire Facilities Fee (Residential)</td><td>_____</td></tr> <tr><td></td><td>Devel. Impact Fee (Res. @ Final)</td><td>_____</td></tr> <tr><td>DQ</td><td>Fire Facilities Fee (Comm. @ issuance)</td><td>_____</td></tr> <tr><td></td><td>Devel. Impact Fee (Comm. @ issuance)</td><td>_____</td></tr> <tr><td>FX</td><td>Art-in-Lieu Fee</td><td>_____</td></tr> <tr><td colspan="3">_____</td></tr> <tr><td>FH</td><td>1% Administrative Training Fee</td><td>_____</td></tr> <tr><td>HS</td><td>General Plan Surcharge</td><td>_____</td></tr> <tr><td>HT</td><td>Permit Auto Surcharge</td><td>_____</td></tr> <tr><td>KD</td><td>Green Building</td><td>_____</td></tr> <tr><td colspan="3">_____</td></tr> <tr><td>Other</td><td>_____</td><td>_____</td></tr> </table>	C7	Plan Storage Flat \$3.90	_____		.30 X _____	_____		\$1.25 X _____	_____	_____			E2	Planning Plan Check for Bldg.	_____	7P	Planning Plan Check - Consult.	_____	E3	Planning Site Inspection	_____	D1	Residential Development Tax	_____	C9	Seismic for Commercial	_____	C9	Seismic for Residential	_____	DQ	Fire Facilities Fee (Residential)	_____		Devel. Impact Fee (Res. @ Final)	_____	DQ	Fire Facilities Fee (Comm. @ issuance)	_____		Devel. Impact Fee (Comm. @ issuance)	_____	FX	Art-in-Lieu Fee	_____	_____			FH	1% Administrative Training Fee	_____	HS	General Plan Surcharge	_____	HT	Permit Auto Surcharge	_____	KD	Green Building	_____	_____			Other	_____	_____
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Minor Construction Item List (Flat Fee Items)

Flat Fee Construction	Base	Total	Flat Fee Construction Permits	Base	Total
<input type="checkbox"/> Photovoltaic System - Res.	168.00	208.18	<input type="checkbox"/> Retaining Wall up to 50 LF	247.00	304.27
<input type="checkbox"/> Window Replacement 1 - 8	73. 0	93.73	(Wood)		
<input type="checkbox"/> Window Replacement 9+	101.00	127.61	<input type="checkbox"/> Minor Kitchen	172.00	213.52
<input type="checkbox"/> Solar heating - water or pool	168.00	208.18	<input type="checkbox"/> Minor Bathroom # _____	172.00	213.52
<input type="checkbox"/> Deck 30" or Less	146.00	182.06	<input type="checkbox"/> Water Heater Res. up to 50 gal.	35.00	39.90
<input type="checkbox"/> Retaining Wall up to 50 LF	209.00	258.29	<input type="checkbox"/> Furnace Replacement	73.00	93.23
(Masonry)			<input type="checkbox"/> Furnace & AC Replacement (Res)	73.00	93.23
			<input type="checkbox"/> Reinstatement # _____	73.00	93.44

Planning Review Information

Preliminary Approval _____ (Initials Only) Date _____

Reject Yes No Date _____ By _____ (Initials Only)

Time Spent _____ Date _____ Time Spent _____ Date _____

Planning Entitlements Approved:

- | | | |
|--|------------|-----------------|
| <input type="checkbox"/> Use Permit | Date _____ | Project # _____ |
| <input type="checkbox"/> Design Review | Date _____ | Project # _____ |
| <input type="checkbox"/> Tentative Map | Date _____ | Project # _____ |
| <input type="checkbox"/> Final Map | Date _____ | Project # _____ |
| <input type="checkbox"/> Other _____ | | Project # _____ |

Comments _____