

# 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"><b>Permit Subtotal</b></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	_____	<b>Permit Subtotal</b>			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 (Wood)	247.00	304.27
<input type="checkbox"/> Window Replacement 1 - 8	73. 0	93.73	<input type="checkbox"/> Minor Kitchen	172.00	213.52
<input type="checkbox"/> Window Replacement 9+	101.00	127.61	<input type="checkbox"/> Minor Bathroom # _____	172.00	213.52
<input type="checkbox"/> Solar heating - water or pool	168.00	208.18	<input type="checkbox"/> Water Heater Res. up to 50 gal.	35.00	39.90
<input type="checkbox"/> Deck 30" or Less	146.00	182.06	<input type="checkbox"/> Furnace Replacement	73.00	93.23
<input type="checkbox"/> Retaining Wall up to 50 LF (Masonry)	209.00	258.29	<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 \_\_\_\_\_