

Quincy Office 555 Main Street Quincy, CA 95971 Phone: 530-283-7011 Fax: 530-283-6134		Plumas County Building Department Residential Garage / Miscellaneous U Occupancies			Chester Office 222 First St/P.O. Box 545 Chester, CA 96020 Phone: 530-258-2108 Fax: 530-258-3725	
New Construction Permit Application						
Submittal Date:		www.countyofplumas.com/building/index.htm			Permit Application #	
Property Owner						
Mailing Address					*Email	
City				Zip Code		--
Home Phone #:		Cell / Office		Fax #		
APN						
Physical Address						
Community (Locality)		Subdivision		Lot #	Block#	
Snow Load						
Carefully indicate and describe all work for which his permit is requested:						
<input type="checkbox"/> Residential Garage		<input type="checkbox"/> Sheds > 200 sq.ft.		<input type="checkbox"/> Agriculture Buildings / Barns		
<input type="checkbox"/> Residential Carport		<input type="checkbox"/> Greenhouses		<input type="checkbox"/>		
Description of Proposed Work						
Contractor To Be Determined <input type="checkbox"/> (Must be Declared Before Permit is issued) Owner / Builder <input type="checkbox"/>						
Contractors Name						
Contractor's Mailing Address			CA Lic. #		Class	
City				State	Zip Code	
Phone		Cell/Office		Fax		
Contractors Signature			Responsibility: <input type="checkbox"/> Completion <input type="checkbox"/> Partial			
Applicant designates the following as the "Design Professional in Responsible Charge"†						
Design Professional		Phone		*Email		
Address		City	State	Zip Code	--	
† The Building Official shall be authorized to require the owner to engage and designate on the building permit application a registered design professional who shall act as the registered design professional in responsible charge. C.B.C. 106.3.4.1. (See Attached Policy)						
* Required Field						
Sign and initialing below: I hereby declare:						
(initial) 1. I am the legal owner of the parcel referenced in this application.						
(initial) 2. I acknowledge and approve all proposed construction activity applied for in this application as required in California Health and Safety Code Sec. 19830						
(initial) 3. I designate and authorize					to act as my agent and signatory per	
(PRINT AGENT'S NAME CLEARLY)						
California Building Code 10-5.3, #6 for the sole purpose of securing and perfecting this permit.						
(initial) 4. I certify that I am aware of all conditions, covenants, restrictions, and easements governing this permit.						
(initial) 5. When the permit is ready to issue contact:				<input type="checkbox"/> Owner		<input type="checkbox"/> Contractor
Owner's Signature						
Owner's Printed Signature						
Signature of authorized agent for owner						

Planning Review

RECORDS

	BOOK	PAGE	APP. REQ.
MAP			
C.C.			
N.V.			
N/A			

CEQA

- EXEMPT § 15061 (B)(3) - (Not subject to CEQA)
- §15300.1 - (Ministerial)
- §15301 - (Existing Facilities)
- §15302 - (Replacement/ Reconstruction)
- §15303 - (New/Conversion small)
- Other: _____

NON-EXEMPT: N/D _____ EIR _____

- PLOT PLAN REQUIRED
- FLOOD § 8-17.nnn
- OK TO PLAN CHECK
- PERMIT NOT TO BE ISSUED
- FIRE DEPARTMENT: _____

GENERAL PLAN

PRIME OPPORTUNITY AREA

- MULTIPLE FAMILY USE
- COMMERCIAL USE
- INDUSTRIAL USE
- OTHER USE
- DEVELOPMENT

APPLICABLE	COMPLETED
ROADWAY	
<input type="checkbox"/> DEVELOPMENT STANDARDS	
WATER	
<input type="checkbox"/> PAVED	<input type="checkbox"/>
<input type="checkbox"/> YEAR-ROUND, MAINTAINED	<input type="checkbox"/>
<input type="checkbox"/> PAVED INTERNAL	<input type="checkbox"/>
SEWER	
<input type="checkbox"/> EXISTING SYSTEM	<input type="checkbox"/>
<input type="checkbox"/> NEW SYSTEM	<input type="checkbox"/>
<input type="checkbox"/> 750 GPM	<input type="checkbox"/>
<input type="checkbox"/> 1000 GPM	<input type="checkbox"/>
FIRE PROTECTION	
<input type="checkbox"/> COMMUNITY SYSTEM	<input type="checkbox"/>
<input type="checkbox"/> SYSTEM WAIVED	<input type="checkbox"/>
STREET LIGHTING	
<input type="checkbox"/> IN DISTRICT	<input type="checkbox"/>
<input type="checkbox"/> YEAR ROUND SERVICE	<input type="checkbox"/>
<input type="checkbox"/> REALISTIC RESPONSE TIME	<input type="checkbox"/>
OPEN SPACE	
<input type="checkbox"/>	<input type="checkbox"/>

MODERATE OPPORTUNITY AREA

- COMMERCIAL ZONE
- INDUSTRIAL ZONE
- OTHER ZONE
- ROAD PAVING REQUIRED Yes No

ZONING

ZONING(S): _____

ORD.: _____

PERMITTED USE

LAWFUL NONCONFORMING USE

APPLICABLE	DATE
<input type="checkbox"/> Special Use Permit	_____
<input type="checkbox"/> Variance	_____
<input type="checkbox"/> Planned Dev. Permit	_____
<input type="checkbox"/> Site Dev. Permit	_____
<input type="checkbox"/> Flood Study	_____
<input type="checkbox"/> Historic/Design Review	_____
<input type="checkbox"/> Scenic Review	_____

REQUIREMENTS MET

<input type="checkbox"/> Airport Surface	_____
<input type="checkbox"/> Airport Zone of Influence	_____
<input type="checkbox"/> Noise Limitation	_____
<input type="checkbox"/> Industrial Protection Zone	_____

PARKING AND LOADING AREAS

	SPACES				COMPLETED
	REQ	REQ	MOD	PROP	
Parking					
Loading					
Land-scaping					SQ. FT.
Paving					
N/A					

HEIGHT: LIMIT _____ FT.

 PROPOSED _____ FT.

 N/A _____

COVERAGE: LIMIT _____ %

 PROPOSED _____ %

 N/A _____

ACCESS

- COUNTY ROAD *ENCROACHMENT PERMIT REQUIRED*
- STATE HWY. *ENCROACHMENT PERMIT REQUIRED*
- PRIVATE ROAD
- DRIVEWAY NEEDED *DRIVEWAY PLAN NEEDED*

N/A <input type="checkbox"/>	YARDS (SETBACKS)					
STRUCTURE		FRONT	FRONT	REAR	LEFT	RIGHT
	REQUIRED					
	PROPOSED					
	REQUIRED					
	PROPOSED					
	REQUIRED					
	PROPOSED					

INITIAL REVIEW

PROBLEMS: _____

INITIAL REVIEW BY: _____ DATE: _____

FINAL REVIEW

COMMENTS / REQUIREMENTS: _____

FINAL REVIEW BY: _____ APPROVED DATE: _____

Directions to Job Site

Permit
Name: _____

Physical Address: _____ A.P.N. _____

Directions: In the space below, draw a simple map to your job site from the nearest State Highway. All roadways must be clearly labeled. Please include any markers, monuments, or features that would assist the inspector in finding your job site.

NOTE: Failure to provide clear, concise directions (with road markers as needed) WILL result in inspection cancellation or delay.

If cancellation occurs, ***A REINSPECTION FEE WILL BE ASSESSED!***

N

Provide North arrow

PLUMAS COUNTY BUILDING DEPARTMENT

555 Main Street, Quincy, CA 95971

Phone: (530) 283-7011

Fax: (530) 283-6134



Method A: LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under 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.

License Class: _____ License No: _____

Date: _____ Contractor Signature: _____

Method B: 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, 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, 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 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: _____ Signature of Property Owner or Authorized Agent: _____

WORKERS' COMPENSATION DECLARATION 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 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 No: _____

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 Number: _____ Expiration Date: _____

Name of Agent: _____ Phone # _____