

SANTA CLARA CITY
BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED



Building Dept: 435-656-4690

Inspections: 435-879-5313

Fax: 435-879-5298

<input type="checkbox"/> Owner/Builder <input type="checkbox"/> Contractor		Date of Application:		Date Issued:		Permit No. SAC		
BUILDING FEE SCHEDULE								
▼ TYPE OF IMPROVEMENT / KIND OF CONSTRUCTION ▼				▼ Building Square Footage ▼		Valuation:		
<input type="checkbox"/> New Home <input type="checkbox"/> Addition <input type="checkbox"/> Pool <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel <input type="checkbox"/> Garage <input type="checkbox"/> Ret. Wall <input type="checkbox"/> Other				<input type="checkbox"/> Main Floor: <input type="checkbox"/> 2 nd Story: <input type="checkbox"/> Fin. Basement: <input type="checkbox"/> Garage: <input type="checkbox"/> Addition: <input type="checkbox"/> Other:		Building Fees \$ Plan Review Fees \$ Water Connect \$ Water Impact \$ Sewer Impact - City \$ Sewer Impact - County \$ Electrical Connect \$ Electrical Impact 200 amp \$ Electrical Impact 400 amp \$ Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$ State Fee (1%) \$ Environmental Mitigation Fee (1%) - City \$ Environmental Mitigation Fee (2%) - County \$		
Building Address:				<input type="checkbox"/> Fin. Basement: <input type="checkbox"/> Garage: <input type="checkbox"/> Addition: <input type="checkbox"/> Other:		Water Connect \$ Water Impact \$ Sewer Impact - City \$ Sewer Impact - County \$		
Property Tax ID#:				<input type="checkbox"/> Addition: <input type="checkbox"/> Other:		Sewer Impact - City \$ Sewer Impact - County \$		
Lot #:		Plat or Subdivision:		<input type="checkbox"/> Other:		Sewer Impact - County \$		
Owner of Property:			Phone:		Type of Construction Occupancy Group		Electrical Connect \$ Electrical Impact 200 amp \$ Electrical Impact 400 amp \$	
Owner Mailing Address:			City/Zip:		<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Steel <input type="checkbox"/> Block <input type="checkbox"/> Concrete		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Business Name & Address:			Lic. No.:		<input type="checkbox"/> Steel <input type="checkbox"/> Block <input type="checkbox"/> Concrete		State Fee (1%) \$ Environmental Mitigation Fee (1%) - City \$ Environmental Mitigation Fee (2%) - County \$	
Architect or Engineer:				<input type="checkbox"/> Steel <input type="checkbox"/> Block <input type="checkbox"/> Concrete		State Fee (1%) \$ Environmental Mitigation Fee (1%) - City \$ Environmental Mitigation Fee (2%) - County \$		
General Contractor:			State Lic. No.:		Max. Occ. Load:		State Fee (1%) \$ Environmental Mitigation Fee (1%) - City \$ Environmental Mitigation Fee (2%) - County \$	
General Email:				Bedrooms:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$		
General Address:			Phone:		Bathrooms:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
General City:		State:	Zip:		Garages:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Electrical Contractor:			State Lic. No.:		Type of Construction Material <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Steel <input type="checkbox"/> Block <input type="checkbox"/> Concrete		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Electrical Address:			Phone:		<input type="checkbox"/> Steel <input type="checkbox"/> Block <input type="checkbox"/> Concrete		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Electrical City:		State:	Zip:		Max. Occ. Load:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Plumbing Contractor:			State Lic. No.:		Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Plumbing Address:			Phone:		Plan Check OK By:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Plumbing City:		State:	Zip:		Signature of Building Official:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Mechanical Contractor:			State Lic. No.:		Signature of Building Official:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Mechanical Address:			Phone:		Signature of Building Official:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
Mechanical City:		State:	Zip:		Signature of Building Official:		Street Impact \$ Parks/Trails Impact \$ Public Safety Impact \$ Storm Water Impact \$ Storm Water Inspections \$ Maintenance Deposit \$	
- CITY USE ONLY -				NOTE: 24 hours' notice is required for all inspections.				
Plot Plan Setbacks in Feet		Approved Date:		This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I here-by certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury. Maintenance Deposit is refundable after final inspection if: 1) site is kept clean 2) building is NOT occupied prior to final inspection and issuance of Certificate of Occupancy.				
Front	Side	/ /						
Rear	Side							
Special Approvals		Required		Received		Approved		
Health Department								
Public Safety								
Geotechnical Rep.								
Electrical Department								
Built to IRC/IBC								
Additional Notes:				Signature of Contractor or Authorized Agent:		Date:		
				Signature of Owner:		Date:		
				Print Name:		Date:		