



City of Gonzales

Building Services Department

147 Fourth Street
Gonzales, CA 93926
P.O. Box 647

Phone: (831) 675-5000
FAX: (831) 675-2644
<https://gonzalesca.gov/>

BUILDING PERMIT APPLICATION

WHAT TYPE OF PERMIT ARE YOU APPLYING FOR?

- NON-RESIDENTIAL** **RESIDENTIAL**
- New Building Electrical Bath Remodel
- Mechanical Plumbing EV Charger
- Re-Roof Exterior Sign Patio Cover
- Solar PV Windows Repairs
- Attached ADU Kitchen Remodel
- Detached ADU Remodel (Residential)
- Junior ADU Kitchen Remodel
- Other: _____

VALUATION OF CONSTRUCTION (Time & Materials) \$ _____

EXISTING BUILDING HAS FIRE SPRINKLERS? YES NO N/A

IS BUILDING IN A **FLOOD HAZARD ZONE**? YES NO N/A

PROPERTY OWNER INFORMATION (Please complete all):

Name: _____
Address: _____
City: _____ State: _____
Zip: _____
Phone: _____
Email: _____

PLEASE COMPLETE ALL THAT APPLY, OR TYPE N/A IF NOT APPLICABLE

<u>Construction Type:</u>	<u>Occupancy:</u>
Addition SQ. FT.	Remodel SQ. FT.
Existing Use	Proposed Use
# of Units	Solar PV Kilowatts

DESCRIBE THE SCOPE OF WORK:

DATE OF SUBMITTAL: _____

PROJECT ADDRESS: _____ Unit# _____

ASSESSORS PARCEL NUMBER: _____

APPLICANT (Person submitting the application):

- PROPERTY OWNER** (Submit a completed [Owner-Builder Disclosure](#) form)
- Check here if -- **Property owner will complete the work**
- Check here if -- **Property owner will subcontract work to licensed contractors***
- Check here if -- **Agent of the Property Owner** is submitting the application (Must submit a completed [Owner-Builder Disclosure Form](#) & produce ID)
- CONTRACTOR***
- Check here if --- **Agent of the Contractor** (Must present company letterhead & ID)

**All contractors/subcontractors will need a [city Business License](#) prior to starting the work.*

APPLICANT'S INFORMATION (Person submitting the application):

Applicant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

ARCHITECT/ENGINEER IN CHARGE (If any):

Name: _____
CA License Number: _____
Expiration Date: _____

CONTRACTOR INFORMATION (if any):

Company Name: _____
License Classification: _____
Contractor's License #: _____
City Business License #: _____

CONTRACTOR WORKER COMPENSATION INFORMATION:

- I have Current Worker's Compensation Insurance
- Policy #: _____
- Carrier: _____
- Expiration Date: _____
- I hold a certificate of consent to self-insure for Worker's Comp.
- I am exempt from Worker's Comp. (Sole employee)

RE-ROOF PERMITS

EXISTING ROOF TYPE: Built-up Roof Asphalt Shingles Wood Shakes Tile Other (Specify): _____

PROPOSED ROOF TYPE: Built-Up Roof Asphalt Shingles Wood Shakes Tile Other (Specify): _____ SQ.FT.: _____

By my signature below I certify to each of the following: I am the property owner, or authorized agent to act on the property owner's behalf; I have read this application and the information I have provided is correct; I have read the Description of Work and verify it is accurate; I agree to comply with all applicable local ordinances and state laws relating to building construction; I authorize representatives of the City of Gonzales to enter the above-identified property for inspection purposes.

Signature of Applicant/Agent: _____ Date: _____

Please Print Name: _____