



Permit Number _____

CITY OF SUSANVILLE, BUILDING DIVISION
66 NORTH LASSEN STREET, SUSANVILLE, CA 96130-3109
(530) 252-5118 - FAX (530) 257-4725
WWW.CITYOFSUSANVILLE.ORG

BUILDING PERMIT & APPLICATION

Is the structure a manufactured home? ☐ Yes ☐ NO Is this commercial? ☐ Yes ☐ No Email Address: _____

Project Property Owner’s Name: _____ Phone No.: _____

Project Property Address: _____ A.P.N.: _____

Project Description: _____

Sq. Ft. of Building: _____ Sq. Ft. of Garage: _____ Sq. Ft. of Other: _____ Project Value: _____

Zoning _____ Flood Plain _____ Occupancy _____

IDENTIFY WHO WILL PERFORM THE WORK

This permit is to be issued in the name of the:
☐ Licensed Contractor (Complete Section 1A Only) ☐ Authorized Agent (Complete Section 1B Only)
☐ Owner Builder-the Property Owner as the permit holder of record who will be responsible and liable for the construction (Complete Section 1B Only)

1 A – CALIFORNIA 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.

Business Name: _____ CA. State License No. & Classification(s): _____

Business Mailing Address: _____

Business Phone No. : _____ City of Susanville Business License No.: _____

Do you maintain workers’ compensation insurance? Yes No Are you exempt from workers’ compensation insurance? Yes No

Name and Phone No. of primary project contact: _____

Signature of Contractor: _____ Date: _____

1B – OWNER-BUILDER’S DECLARATION

- ☐ 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 Profession)
- ☐ I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project. (Section 7044, Business and Professions Code)
- ☐ I am exempt from licensure under the Contractors’ State License Law for the following reason: _____

Name and phone No. and/or email address of primary project contact: _____

Signature of Owner or Authorized Agent: _____ Date: _____

IMPORTANT: This permit shall become invalid unless the work on the site authorized by such permit is commenced within 180 day after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time of work is commenced. An extension shall be requested in writina and justifiable cause demonstrated. Section 105.5 California Building Code

FOR OFFICE USE ONLY

Building				
Application Fee:	Fee:	Total Fee:	Plan Check Fee	Plan✓ Difference
\$	\$	\$	\$	+/- \$
Electrical				
Application Fee:	Fee:	Total Fee:	Fire Dep. Fees:	
\$	\$	\$	\$	
Mechanical				
Application Fee:	Fee:	Total Fee:	Penalty Fees:	
\$	\$	\$	\$	
Plumbing				
Application Fee:	Fee:	Total Fee:	Mitigation Fees:	
\$	\$	\$	\$	
Engineering Review Fee / Deposit: Fee\$ + \$1000 dep Total: \$				
Description:				
S.B. 1473	S.M.I.P.	Impact Fees & Description:	Other Fee:	
Fee:	Fee:	\$	\$	
\$	\$			
Total Permit Fee Due: \$ Receipt No.: Notes:				

Permit Issued By: _____ Date: _____

Planner Signature : _____ Permit Final By _____ Date _____

CITY OF SUSANVILLE
BUILDING PERMIT INSPECTION RECORD

The Building Inspector must sign all spaces pertaining to this job. The building must not be occupied until all final inspections are approved.

THE CONTRACTOR AND/OR HOME OWNER MUST BE PRESENT FOR ALL INSPECTIONS AND FINALS

TO SCHEDULE AN INSPECTION, PLEASE CALL (530) 252-5118

	DATE	INSPECTOR	COMMENTS
SETBACK AND EXCAVATION			
Setbacks			
Grading			
FOUNDATION			
Footing - SFR / Garage / Other			
Forms and Walls			
Slab			
Grout (C.M.U.) 1 ST Lift / 2 nd Lift			
Other			
GROUNDWORK/ UNDERWORK			
Plumbing			
Electrical			
Under floor / Joists			
Mechanical			
Other			
FRAMING			
Shear Nailing / Hold Downs			
Framing			
Plumbing			
Electrical			
Heating / Ducting			
Fire Sprinklers			
Other			
WALL COVERING			
Insulation			
Drywall / Lath			
Stucco			
Ceiling Grid			
Other			
ROOF			
Sheathing 1 st			
Sheathing 2 nd			
Ice Damn			
Other			
MISCELLANEOUS			
Electrical Service			
Interior Gas Piping			
Exterior Gas Piping			
Shower Pan			
Other			
FINAL INSPECTION	Date of Final	Inspector	Comments
Electric / Plumbing			
Mechanical			
Building			
Fire			
Woodstove			
Roof			
Sanitary			
Health			
Public Works			
Planning			
Other			
DO NOT COVER ANY ITEMS UNTIL APPROVED BY THE BUILDING INSPECTOR			