



CITY OF RIVERBANK
Community Development Department
Building Division
6617 Third Street - Riverbank, CA 95367
(209) 863-7128 FAX (209) 869-7126
Mailing Address: 6707 Third Street - Riverbank, CA 95367

OFFICE USE ONLY

PERMIT # _____

Date of Application: _____

Project Valuation: \$ _____

Mark if: Commercial _____ **or Residential** _____

Job Address: _____

Work Description: _____

Commercial Projects Sq. Ft. of proposed project: _____

SFD Sq. Ft. Living Area: _____ **Garage Sq. Ft.:** _____ **Patio/Porch Sq. Ft.:** _____

OWNER INFORMATION: Name: _____

Address (City-State-Zip): _____ Phone#: _____

Email: _____

TENANT/LEASEE: Name: _____

Home Address (City-State-Zip): _____ Phone#: _____

Email: _____

CONTRACTOR INFORMATION: Name: _____

Address (City-State-Zip): _____ Phone#: _____

Email: _____

Contractor's License No.: _____ Class: _____ Expires: _____

Workers Compensation: Carrier _____ Policy #: _____ Expires: _____

OWNER-BUILDER VERIFICATION

Section 1.01 FOR YOUR PROTECTION YOU SHOULD KNOW THAT AS "OWNER-BUILDER" YOU ARE THE RESPONSIBLE PARTY OF SUCH BUILDING PERMIT. IF THE WORK IS BEING DONE BY SOMEONE OTHER THAN YOURSELF, YOU MAY PROTECT YOURSELF FROM POSSIBLE LIABILITY IF THAT PERSON APPLIED FOR THE PERMIT THEMSELVES. CONTRACTORS ARE REQUIRED TO BE LICENSED AND BONDED BY THE STATE OF CALIFORNIA AND TO HAVE A BUSINESS LICENSE FROM THE CITY/COUNTY IN WHICH THEY ARE WORKING. IF YOU PLAN TO DO YOUR OWN WORK WITH THE EXCEPTION OF VARIOUS TRADES YOU WILL SUB-CONTRACT, YOU SHOULD BE AWARE OF THE FOLLOWING INFORMATION FOR YOUR BENEFIT AND PROTECTION.

IF YOU EMPLOY OR ENGAGE ANY PERSON OTHER THAN YOUR IMMEDIATE FAMILY/FRIENDS AND THE WORK INCLUDING MATERIAL IS **\$500.00** OR MORE FOR THE PROJECT AND SUCH PERSON IS NOT A LICENSED CONTRACTOR, THEN YOU MAY BE CLASSIFIED AS AN EMPLOYER. IF YOU ARE AN EMPLOYER YOU MUST THEN REGISTER WITH THE STATE AND FEDERAL GOVERNMENTS AS SUCH AND BECOME SUBJECT TO STATE AND FEDERAL TAX WITHHOLDING, SOCIAL SECURITY TAXES, WORKERS COMPENSATION INSURANCE, DISABILITY INSURANCE AND UNEMPLOYMENT COMPENSATION. IF YOU DO NOT CARRY OUT THESE OBLIGATIONS YOU RISK FINANCIAL LIABILITIES.

I HAVE READ THE ABOVE INFORMATION _____ YES _____ NO

I WILL PERSONALLY PROVIDE THE MAJOR LABOR/MATERIALS FOR THE ABOVE DESCRIBED PROJECT

_____ YES _____ NO OWNERS SIGNATURE _____

THIS CHECKLIST IS TO PROVIDE A GUIDE OF DOCUMENTS NEEDED TO PROCESS YOUR APPLICATION. IT IS IMPORTANT TO PROVIDE OUR DEPARTMENT ACCURATE INFORMATION IN ORDER TO PROCESS YOUR APPLICATION IN A TIMELY MANNER. IF YOU HAVE ANY QUESTION PLEASE CALL OUR OFFICE AT 863-7128.

*****A complete set of plans in a digital format required before a permit is issued.**

Scaled plot plan – Show dimensions, setbacks from property lines and other structures. Show the north direction (3 sets)	
Scaled floor plan with details (3 sets)	
Foundation plan with details (3 sets)	
Floor framing details (3 sets)	
Roof framing and related details (2 sets) Must provide truss calculations and layout (2) sets	
Construction details (3 sets)	
Elevations – front, side, back (3 sets)	
Electrical plan (3 sets)	
Plumbing plan (3 sets)	
Engineering calculations (stamped and wet signed) – 2025 CBC (2 sets)	
Heating and air condition plan and calculations (Title 24 energy calculations 2025) (2 sets)	
Accessibility Plan for Commercial Projects	
Copy of Grant Deed (if new owner)	
Building Codes: 2025 CBC; 2025 CRC; 2025 CEC; 2025 CMC; 2025 CPC; 2025 CA Energy Code; 2025 Cal Green Code	
Public Works Department, City of Riverbank: 6617 Third St., Riverbank, CA 95367 (209) 863-7127 – Offsite Approval	
Demolition Permits: Permit required from San Joaquin Air Pollution Control District: 4800 Enterprise Way, Modesto, CA 95356 (209) 557-6400	
Consolidated Fire District 3324 Topeka St., Riverbank CA 95367 (209) 869-7470	
Riverbank School District: 6717 7 th Street, Riverbank, CA 95367 (209) 869-2538	
Modesto School District: 426 Locust, Modesto, CA 95367 (209) 576-4806	
Health Department: 3800 Cornucopia, Suite #C, Modesto, CA 95358 (209) 525-6700 – Any food related businesses submit to the Health Department	
FOG Information Requirements: Provide drain line layout, pipe size and highlight waste lines to interceptor; provide grease interceptor and sample box location; provide grease interceptor spec sheets; tallow bin location (secured bermed); provide menu; 750 gal. Min, grease interceptor; plumbing permit; provide spill plan; provide DFU calculations; provide kitchen equipment layout; submit plans to Health Dept., Fire Department (hood) and Building Dept.	
Caltrans District 10: 1976 E. Charter Way/MLK Jr. Blvd. (95205) P.O. Box 2048, Stockton, CA 95201 (209) 948-7891 Fax (209) 948-7232	

ASBESTO'S APPLICANT DECLARATION

To the best of my knowledge, the referenced address above does not contain asbestos. If asbestos is discovered, work will cease until evaluated by a qualified inspector. If removal of asbestos is required, the removal shall be done by a qualified asbestos removal firm.

I certify that I have read this application and state that the information supplied on the front and back of this form is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. I also understand that this permit expires by limitation 180 days from date of issuance or from the date of the last inspection (Section 105.5 CBC 2010).

DATE: _____

APPLICANT'S SIGNATURE: _____