

BUILDING PERMIT APPLICATION

SOC Y/N

For Office Use Only	Date Received:	Planning Permit or GMA #:	Permit Application #:
Calistoga Business License Yes <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/>	Owner Authorization Received: Yes _____ n/a _____	Zoning	Floodplain Designation
Code Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No Case # _____ Building Standards Code CBC 2013	APN:	Deposit Amount: \$ _____	Paid by Check #:
Occupancy Type:	Type of Construction:	Initials:	Paid by: (Cash / Credit)

Check all that apply: New Addition Alteration Repair Replace Demo Special Inspection

Type of Permit: Building Electrical Mechanical Plumbing Grading Demolition Tenant Imprv.
 [Fire Dept: Occupancy Inspection Burn Permit Tent Permit] Other _____

Type of Use: S F D Comm. Multi Fam. Mobile Home Pool Accessory Bdg. Sign Other _____

PLEASE PRINT CLEARLY

Project Address:	<i>Square Footage (if applicable)</i> Existing: _____ New: _____	Estimated Valuation of Construction \$ _____
Description of Work:		

Property Owner Name:	Phone: <input type="checkbox"/> Cell:
Full Address:	Email:
This permit is being pulled as Owner/Builder: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fax:

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Other Authorized Agent Name	Phone: <input type="checkbox"/> Cell:
Name or Agency:	Email:
Full Address:	Fax:

Declaration by Permit Applicant

By my signature below, I certify to each of the following:
 I have read this permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this City to enter the above-identified property for inspection purposes.

Owner California Licensed Contractor Authorized Agent (Must have property owner sign form)

NOTICE: Time limitation of application. An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

I (We) agree to save, indemnify and keep harmless the City of Calistoga against judgments, cost, and expenses which may in any way accrue against said the City in consequence of the granting of this permit.

Applicant Signature:	Date:
Printed Name:	

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(\$500.00):

Check all that apply here below:

- 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>

Property Owner or Authorized Agent's Signature:	
Printed Name:	Date: _____

California Licensed Contractor Declaration:		Phone:
Company Name:		Email:
Mailing Address:		
State Lic. No.	Class:	Expiration:
Contact Person:		Cell Phone:
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.		
Contractor Signature:	Printed Name:	Date:

Contractor Workers Compensation Coverage:
I hereby affirm under penalty of perjury one of the following declarations:
<input type="checkbox"/> 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. _____
<input type="checkbox"/> 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. Carrier _____ Policy No _____ Expiration Date _____
<input type="checkbox"/> I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. 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.

Declaration Regarding Construction Lending Agency:	
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 8172, Civil Code). <input type="checkbox"/> Confirmed OR, <input type="checkbox"/> There is no construction lender for this work.	
Lender's Name and Address:	
I HEREBY AFFIRM UNDER PENALTY OF PERJURY to the above marked declarations:	Date:
Printed Name:	
Signature:	



City of Calistoga
Smoke Alarm / CO Alarm Self Verification Form

BUILDING PERMIT # _____

Dear Property Owner:

The California Residential Code (CRC) requires carbon monoxide (CO) and smoke alarms (Sections R314 and R315 respectively) installed in dwellings when building permits are issued, and the scope of work exceeds a total cost (or calculated valuation) of \$ 1,000.00.

In order to grant a FINAL APPROVAL on your permit, it is necessary to verify the installation of these alarms within your dwelling. This FORM provides the property owner the ability to self-verify to Calistoga Planning and Building when work done does not allow convenient access to the interior of the dwelling (e.g., reroof or other exterior work).

By signing this document, the property owner certifies to Calistoga Planning and Building, that both Smoke and CO alarms have been installed on the above referenced project as specified below:

- SMOKE Alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:
- Each sleeping unit
- Hallways giving access to the sleeping unit(s)
- Each floor if multi-story
- Basements
CO - Carbon Monoxide Alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:
- Outside each sleeping unit
- On every floor level of dwelling unit, including basements, outside each sleeping unit.
- Within sleeping units where a fossil fuel burning appliance is installed (includes fireplaces)

Please fill in the information below and return this form via mail, scan, or fax to:
Planning and Building Department - 1232 Washington Street Calistoga CA 94515
T: (707) 942-2827 F: (707) 942-2831 or Email: planningandbuilding@ci.calistoga.ca.us

Property Owner's Name (print please) Signature Date

Project Address Building Inspector Date



**CITY OF CALISTOGA
BUILDING DIVISION**

1232 Washington Street, Calistoga, CA 94515 • 707-942-2827

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): _____

Project Location or Address: _____

Name of Authorized Agent: _____

Address of Authorized Agent: _____

Phone Number of Authorized Agent: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature: _____

Date: _____

Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.



CITY OF CALISTOGA

1232 Washington Street, Calistoga, CA 94515
(707) 942-2754 - Fax (707) 942-2831

BUSINESS LICENSE APPLICATION

Please Check One

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- HOME OCCUPATION

Business Name _____	Enter # of persons working (including owner) <input style="width: 50px;" type="text"/>
Legal Owner's Name _____ <small>(if applicable)</small>	Bus. Start Date _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Resale No. _____
Mailing Address _____	Federal Tax ID # _____
Phone No. _____ Fax No. _____	State Tax ID # _____
Description of Business _____	State Lic. No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	State Lic. Type _____
	Expire Date _____
	Email Address _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary - CONFIDENTIAL INFORMATION)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	

In case of after hours emergency, please contact (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____	License No. _____
Address _____	Phone No. _____

Is the proposal a formula business, which by established or recognized practice, contract or other arrangement or membership affiliation maintains a common business name, standardized service, interior decor, exterior design, or use of a trademark or common logo substantially identical to another business within or outside Calistoga (See Section 17.04.616 for a complete definition)?

CHECK ONE: YES NO

ADMINISTRATIVE REVIEW

- 5.04.190 Unclassified Businesses - Retail Stores / Retail Services _____
- 5.04.200 Home Business _____
- 5.04.210 Contractor _____
- 5.04.220 Transport & Delivery _____
- 5.04.220 Outside Services _____
- 5.04.225 A) Hotel / Motel / Spa / Bar / Restaurants _____
- B & B # of Rooms _____ Zone _____
- B) Apartments _____
- C) Other Rental Dwellings _____
- 5.04.270 Trailer & Mobile Home Parks _____
- 5.04.280 Taxicabs _____
- 5.04.290 Mail Order Goods _____
- 5.04.300 Peddlers or Solicitors _____
- 5.04.320 Auctions / Yard Sale _____
- 5.04.330 Coin Operated Vending Machines _____
- 5.04.340 Amusements _____

FOR OFFICIAL USE ONLY

Business License No. _____	
No. of Employee/Unit Fee	\$ _____
Business License Fee	\$ _____
Penalty Fee	\$ _____
Required State CASp Fee	\$ 1.00
Total Due	\$ _____

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

Thank you for doing business in the City of Calistoga

I declare, under penalty of perjury that these statements are true to the best of my knowledge.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CALISTOGA

CITY OF CALISTOGA

BUSINESS LICENSE TAX	TYPES OF BUSINESSES	FULL YEAR	AFTER JULY 1ST
5.04.190	Unclassified Businesses (Includes Retail Sales/Services/Professional Services 1 - 2 Employees 2 - 5 Employees 6 - 10 Employees 10 plus Employees	\$ 101.46 \$ 184.48 \$ 350.51 \$ 553.44	\$ 50.73 \$ 92.24 \$175.26 \$276.72
5.04.200	Home Business	\$ 30.00	\$ 15.00
5.04.210	Contractor	\$ 83.04	\$ 41.52
5.04.220	Outside Service Flat Fee Transport & Delivery First Vehicle Additional Vehicle	\$ 73.79 \$ 73.79 \$ 27.57	\$ 36.90 \$ 36.90 \$ 13.84
5.04.250	Hotel / Motel / Spa / Bar / Restuarant / Lodging B & B Apartments Apt. #1 Additional Apartments > 1 Other Rental Dwellings #1 of 3 #2 + of 3 #1 of over 4 #2 of over 4	Same as Unclassified \$ 62.57 per room \$ 46.12 \$ 12.30 \$ 29.84 \$ 8.44 \$ 53.71 \$ 12.39	See 5.04.190 \$ 23.06 \$ 6.15 \$ 14.92 \$ 4.22 \$ 26.86 \$ 6.20
5.04.270	Trailer & Mobile Home Parks Trailer #1 Additional Trailer	\$ 46.12 \$ 12.30	\$ 23.06 \$ 6.15
5.04.280	Taxicabs Taxi #1 Taxi #2	\$ 55.34 \$ 36.90	\$ 27.67 \$ 18.45
5.04.290	Mail Order Goods	\$ 92.24	\$ 46.12
5.04.300	Peddlers or Solicitors Maximum	\$ 12.30 per day \$122.99 per year	\$61.49
5.04.320	Auctions / Yard Sale Maximum	\$ 18.45 per event \$153.73 per year	\$76.87
5.04.330	Coin Operated Vending	\$ 12.30 per machine	
5.04.340	Amusements Carnival Circus Dance Games Open Air Shows	\$ 0.00 day 1 & 2 \$ 92.24 day 3 + \$184.48 per show \$ 92.24 per show \$ 30.75 per show \$130.00 per show	