Residential Permit Request Form

Single family and/or multi-family residence, secondary units, additions, demolition, remodel, re-roof, plumbing, electrical and mechanical

SITE INFORMATION:

Site Address: _____ Parcel Number: _____

Subdivision: _____ Unit No: _____ Lot No: _____

APPLICANT:

Applicant (Check one) ☐ Owner ☐ Contractor ☐ Agent

Print Name: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

OWNER:

Owner(s) Name (as on deed): _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____ Email Address: _____

CONTRACTOR:

Contractor's Name (as on license): _____ Phone Number: _____

Contractor's License Number: _____ Expiration Date: _____

Mailing Address: _____ Fax Number: _____

City/State/Zip: _____ E-mail Address: _____

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE: (Check one) ☐ Architect ☐ Engineer

Architect's Name (as on license): _____ Phone Number: _____

Architect's License Number: _____ Expiration Date: _____

Engineer's Name (as on license): _____ Phone Number: _____

Engineer's License Number: _____ Expiration Date: _____

Contact person's: Mailing address: _____ Phone Number: _____

City/State/Zip: _____ E-mail Address: _____

New Residence

□ Living Area _____sf
□ Garage (Attached) _____sf
(Detached) _____sf
□ Deck _____sf
□ Entry Porch _____sf
□ Carport _____sf
□ Storage _____sf
□ Other _____sf
Explain _____

□ Number of bedrooms _____

Second Unit or Duplex Yes □ No □
Type of construction:
□ Typical Wood Framed Bearing Wall System
□ Other (Explain)_____

Residential Addition

□ Number of existing bedrooms _____
□ Number of bedroom(s) being added _____
□ Living Area _____sf
□ Garage (Attached) _____sf
(Detached _____sf
□ Deck _____sf
□ Covered Porch _____sf
□ Carport _____sf
□ Storage _____sf
Second Unit or Duplex Yes □ No □
Type of construction:
□ Typical Wood Framed Bearing Wall System
□ Other (Explain)_____

Remodel work

Valuation: $ _____

Electrical:
□ Panel Change out (Main or Sub-Panel)
□ Upgrade of Panel(s)
□ Outlets or Fixtures

Mechanical:
□ Heating FAU/ Hydronic
□ Water Heater/Boiler
□ Fireplace/Woodstove/Pellet Stove
○ Gas ○ Wood

Plumbing:
□ Fixture replacement
□ Rough Plumbing
□ Ground Plumbing
□ Gas Lines; adding or modifying

Miscellaneous:
□ Reroof (*Number of Squares*) _____
□ Re-side (*Complete scope of work below*)
□ Interior Remodel (*Complete scope of work below*)
□ Exterior Remodel (*Complete scope of work below*)
□ Demolition (*Complete scope of work below*)
□ Fire Sprinkler- *(Indicate square footage of:)*
Residence _____ Garage _____ Storage (if heads installed) _____
□ Other (*Complete scope of work below*)

Asbestos and Lead Paint Removal:
If performing interior or exterior demolition work, including reroof, reside or deck removal to an existing structure that was finaled prior to 1979, review and written approval by Nevada County Environmental Health Department will be required prior to issue and again prior to final of the building permit. Please contact NCEH @ 530-582-7884 to obtain their requirements for review and approval.
□ N/A - Built after 1979 □ I understand

****NOTICE TO APPLICANT:** Your building permit may be subject to an inspection for determination of all non-Town approved solid fuel burning devices if: (1) the building permit is for an addition or interior remodel, alterations, or mechanical equipment with a project valuation of $5,000 or greater: (2) your home was constructed prior to 1994; (3) a certificate of compliance, verifying that there are no non-Town approved devices, has not been issued to your property.
□ I understand and will comply □ N/A – No existing solid fuel burning appliances □ N/A – Built after 1994

Detailed Scope of Work:

I certify that I have read and understand all requirements and I have provided all required information.

Date Submitted: _____ Applicant's Signature: _____