



City of Greenfield

Community Development Department - Building Division
 599 El Camino Real, Greenfield, CA 93927
 Tel: (831) 304-0333 | Fax: (831) 674-3149
 Email: inspections@ci.greenfield.ca.us
www.ci.greenfield.ca.us

OFFICE USE ONLY	
Permit No:	

BUILDING PERMIT APPLICATION

SEC I: PROJECT INFORMATION

Project Address				Assessor Parcel No.	
Building Use	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Industrial			Project Valuation	\$
Project Type	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> ADU <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Solar <input type="checkbox"/> Other:				
Description of Work					
Project Includes	<input type="checkbox"/> Plumbing (including gas)	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Site Grading/Drainage	
	<input type="checkbox"/> Exterior Changes				

SEC II: APPLICANT INFORMATION

PRIMARY CONTACT IS: <input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor					
Owner	Name:		Phone:	Email:	
	Mailing Address:				
Applicant	Name:		Phone:	Email:	
	Title:				
	Mailing Address:				
Contractor	<input type="checkbox"/> Owner-Builder <input type="checkbox"/> To Be Determined (TBD)				
	Name:		Phone:	Email:	
	Mailing Address:				
	License Class:		License No:	Expiration Date:	
Architect/Engineer	Name:		Phone:	Email:	
	Mailing Address:				
	Architect or Engineer's License No.:				

SEC III: APPLICANT DECLARATIONS

_____ I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State Laws relating to Building Construction and hereby authorize City representatives to enter upon the above-mentioned property for inspection purpose. I understand that this is an application and NOT a permit or authorization to do any work without the Building Department review and approval, payment of all required fees, and signing all required documentation. I understand that this application will expire within 180 days from date of application if a permit is not obtained.

PRIMARY APPLICANT SIGNATURE	PRINT NAME	DATE

OFFICE USE ONLY

CSLB verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Code Case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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