



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

- RE-ROOF
- PLUMBING
- MECHANICAL
- ELECTRICAL

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	Project Valuation	\$
Permit Type	<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Pool / Spa <input type="checkbox"/> Re-Roof		
Re-Roof Permits Only	<input type="checkbox"/> Tear-Off / <input type="checkbox"/> Overlay	Exist. Layers:	Roof Type:
	Sq. Footage:	Re-Sheeting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sheeting Materials:
Description of Work			

SEC II: APPLICANT INFORMATION			
PRIMARY APPLICANT IS: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Licensed 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 No:	License Class:	Expiration Date:

SEC III: APPLICANT DECLARATION		
<p>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.</p>		
PRIMARY APPLICANT SIGNATURE	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