



Permit Number: _____

City of Winters Building Permit Application

BUILDING & SAFETY DIVISION

(530) 795-4910 ext. 112 or 117 FAX (530) 795-4935

318 First Street

Winters, CA 95694

Project Address: _____ Residential _____ Commercial _____

Assessor's Parcel Number : _____ Valuation/Contract Cost: \$ _____

Circle All Permit Types that Apply: BUILDING ELECTRICAL PLUMBING MECHANICAL DEMO OTHER

Complete Project Description:

For Additions or Remodels: Does the structure have a fire sprinkler system? _____

Added Sq. Ft. _____ Existing Sq. Ft. _____ Total Sq. Ft. _____

Contact Person's Name: _____ Contact's Preferred Phone: _____

Owner's/Lessee's Name(s): _____ Owner's (Home) Phone: _____

Owner's Address (if different): _____ City: _____ State: _____ Zip: _____

HOMEOWNERS: stop here and sign below, unless submitting for a plan check that will be picked up by a contractor.

CSLB License: Number _____ Class(es) _____ Expiration Date _____

Contractor's Name (as shown on CSLB License): _____

Contractor's Office Phone: _____ Email Address: _____

Contractor's Address: _____

City: _____ State: _____ Zip: _____

Worker's Compensation: Carrier Name _____ Policy # _____ Exp Date _____

Architect's License Number: _____ Exp Date: _____

Architect's Name: _____

Architect's Office Phone: _____ Architect's Fax: _____

Architect's Address: _____

City: _____ State: _____ Zip: _____

Engineer's License Number: _____ Exp Date: _____

Engineer's Name: _____

Engineer's Office Phone: _____ Engineer's Fax: _____

Engineer's Address: _____

City: _____ State: _____ Zip: _____

My signature verifies that the above information is factual and true. Permit applications expire after 180 days unless an extension is applied for and granted.

Applicant/Agent Signature: _____

Date: _____

REV0709JM