City of Winters Building Permit Application

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) ______________ Exp Date ___________

Contractor’s Name (as shown on CSLB License): ___________ Email Address: ______________

Contractor's Office Phone: ______________________ 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 Fax: __________________

Architect's Office Phone: ______________________ Architect's Address: __________________

City: ___________ State: ___________ Zip: ___________

Engineer’s License Number: _____________________ Exp Date: ________________

Engineer's Name: ________________________________ Engineer’s Fax: __________________

Engineer's Office Phone: ______________________ 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: ___________

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 obligations and how to comply with disability access laws at the following agencies:

The Division of State Architect at www.dsg.ca.gov/dsa/Home.aspx;

The Department of Rehabilitation at www.rehab.ca.gov

The California Commission on Disability Access at www.ccda.ca.gov

REV 4-13 GA