

City of Calistoga Building Division

1232 Washington Street, Calistoga CA 94515 # _____

Ph: (707) 942-2827 Fax: (707) 942-2831 Email: plans@ci.calistoga.ca.us

BUILDING PERMIT APPLICATION

| | | | |
|--|---|---|---|
| <i>For Office Use Only</i> | Date Recd: | APN(s): | Permit Appl. # |
| Code Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No Case # _____ | Owner Authorization recd: <input type="checkbox"/> Yes <input type="checkbox"/> n/a | Business License <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> n/a | Paid with: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check Check #: _____ |
| Occupancy Type: | Right to Farm Form recd: <input type="checkbox"/> Yes <input type="checkbox"/> n/a | Zoning: | Deposit: \$ |
| Construction Type: | Water Cons. Certificate recd: <input type="checkbox"/> Yes <input type="checkbox"/> n/a | Floodplain Designation: | Initials: |

Check all that apply: NEW ADDITION ALTERATION REPAIR REPLACE DEMO SPECIAL INSPECTION

Type of permit: BUILDING ELECTRICAL MECHANICAL PLUMBING GRADING DEMOLITION TENANT IMPRV.
 FIRE SPRINKLER SYSTEM FIRE ALARM SYSTEM OTHER _____

Type of use: SFD MOBILE HOME COMMERCIAL POOL ACCESSORY BLDG. OTHER _____

PLEASE PRINT CLEARLY

| | | |
|-------------------------|---|--|
| Project Address: | Square Footage (if applicable) Existing: _____ Adding: _____ | Estimated Valuation of Construction \$ _____ |
|-------------------------|---|--|

Description of Work:

Permit Applicant: Owner Tenant Contractor Authorized Agent
This permit is being applied for as Owner/Builder: Yes No

| | |
|-----------------------------|---|
| Name: | Phone: <input type="checkbox"/> Cell |
| Full address: | Email: |
| Property Owner Name: | Phone: <input type="checkbox"/> Cell |
| Full address: | Email: |

Declaration by Construction Permit Applicant By my signature below, I certify to each of the following:
I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of the City of Calistoga to enter the above-identified property for inspection purposes.
I (We) agree to save, indemnify and keep harmless the City of Calistoga against judgments, cost, and expenses which may in any way accrue against the City in consequence of the granting of this permit.

Owner California Licensed Contractor Authorized Agent (must have property owner sign form)

| | |
|-----------------------------|--------------|
| Applicant Signature: | Date: |
| Print Name: | |

NOTICE: Time limitation of application An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extensions shall be requested in writing and justifiable cause demonstrated.

Owner - Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00):

Check all that apply:

- I, as owner of the property, or my employees with wages as their sole compensation, will do () all of or () portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)
- I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.)
- I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: www.leginfo.ca.gov/calaw.html

Property Owner or Authorized Agent's Signature: _____

Date: _____

Printed Name: _____

California Licensed Contractor Declaration

| | | |
|---------------------------------|--------------------------|--------------------------|
| Company Name: _____ | Phone: _____ | |
| Mailing Address: _____ | Email: _____ | |
| State License No.: _____ | Class: _____ | Expiration: _____ |
| Contact Person: _____ | Cell Phone: _____ | |

I HEREBY AFFIRM UNDER PENALTY OF PERJURY that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Signature: _____

Date: _____

Contractor Workers Compensation Coverage

I HEREBY AFFIRM UNDER PENALTY OF PERJURY of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy No. _____ Expiration Date _____

Name of Agent _____ Tel No _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. **WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the labor code, interest, and attorney's fees.**

Declaration Regarding Construction Lending Agency

I HEREBY AFFIRM UNDER PENALTY OF PERJURY that there is a construction lending agency for the performance of the work for which this permit is issued (Section 8172, Civil Code). Confirmed OR There is no construction lender for this work

Lender's Name and Address: _____

I HEREBY AFFIRM UNDER PENALTY OF PERJURY to the above marked declarations:

Date: _____

Signature: _____



**CITY OF CALISTOGA
BUILDING DIVISION**

1232 Washington Street, Calistoga, CA 94515 • 707-942-2827

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following company to apply for, sign, and file the documents necessary to obtain a Building Permit for my project.

APPLICATION PERMIT No.: _____

Project Address: _____ Calistoga CA

Company & Authorized Agent: Print please: _____

Company Address: _____

Contact Phone Number: _____

Scope of Construction Project (or Description of Work): _____

I declare under penalty of perjury that I am the property owner for the address listed above and I reviewed the above information and certify its accuracy.

Property Owner's Signature: _____

Please Print Name: _____

Date: _____



City of Calistoga
Smoke Alarm / CO Alarm Verification Form

BUILDING PERMIT # _____

Project Address _____

Dear Property Owner:

The California Residential Code (CRC) requires carbon monoxide (CO) and smoke alarms (Sections R314 and R315 respectively) to be installed in dwellings when building permits are issued, and the scope of work exceeds a total cost (or calculated valuation) of \$1,000.00.

In order to FINAL your permit, it is necessary to verify the installation of these alarms within your dwelling. This form also provides the property owner the ability to self-verify to Calistoga Planning and Building when work done does not allow convenient access to the interior of the dwelling (e.g., reroof or other exterior work).

By signing this document, the property owner certifies to Calistoga Planning and Building, that both Smoke and CO alarms have been installed on the above referenced project as specified below:

- SMOKE Alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:
- Each sleeping unit
- Hallways giving access to the sleeping unit(s)
- Each floor if multi-story
- Basements
CO - Carbon Monoxide Alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:
- Outside each sleeping unit
- On every floor level of dwelling unit, including basements, outside each sleeping unit.
- Within sleeping units where a fossil fuel burning appliance is installed (includes fireplaces)

Please Print Name, Sign and Date once all alarms are installed, OR to verify they are already. Form will be attached to the JOB COPY for the Building Inspector to sign-off at Final

Property Owner's Name (print please)

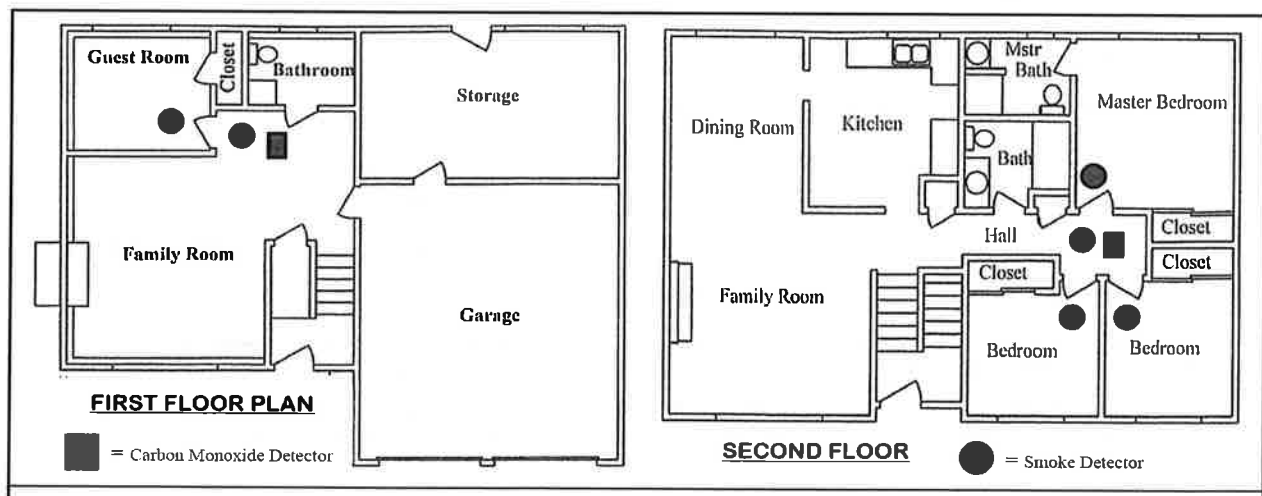
Owner's Signature

DATE

Guidelines for Owner Certification of Smoke/Carbon Monoxide Detector Compliance

- The "Owner Certification of Smoke/Carbon Monoxide Detector Compliance" form can be used on permitted projects where detectors are required and the work, such as re-roofing, re-siding, patio covers, swimming pools and the like, is performed on the exterior of the dwelling.
- **The completed form must only be signed by the property owner. Forms signed by tenants, contractors, relatives, etc. will not be accepted.**
- The owner must legibly print their name and sign in the spaces provided.
- The completed form must be submitted to the inspector by final inspection.
- In the case where the form is the only remaining correction notice item at final inspection, the completed form may be either emailed to the final inspector or submitted, along with a copy of the latest correction notice to the public permit counter.
- If you wish to have the job card signed off you may bring the card to the public permit counter as well, but this is not required for the completion of the permit process.
- Once the completed form is received and attached to the permit in the database, the permit will then be finalized by the inspector and the permitting process completed.

Residential Smoke and Carbon Monoxide Detector (Typical Locations)



Contractors: Please upload this form to the Citizen Portal-Accelerated Minor Permit:
<https://aca.accela.com/sacramento/Default.aspx>



CITY OF CALISTOGA

1232 Washington Street, Calistoga, CA 94515
(707) 942-2754 - Fax (707) 942-2831

BUSINESS LICENSE APPLICATION

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

HOME OCCUPATION

Business Name _____

Legal Owner's Name _____
(if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Phone No. _____ **Fax No.** _____

Description of Business _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Other

Enter # of persons working (including owner)

Bus. Start Date _____

Resale No. _____

Federal Tax ID # _____

State Tax ID # _____

State Lic. No. _____

State Lic. Type _____

Expire Date _____

Email Address _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary - CONFIDENTIAL INFORMATION)

1st Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Driver Lic. No.** _____
(Cannot be P.O. Box)

Home Phone No. _____ **Cell / Pager No.** _____

Soc. Sec. No. _____

2nd Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Driver Lic. No.** _____
(Cannot be P.O. Box)

Home Phone No. _____ **Cell / Pager No.** _____

Soc. Sec. No. _____

In case of after hours emergency, please contact (attach additional sheet, if necessary)

Contact Name _____ **Phone No.** _____

Address _____ **Cell/Pager No.** _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____ **License No.** _____

Address _____ **Phone No.** _____

Is the proposal a formula business, which by established or recognized practice, contract or other arrangement or membership affiliation maintains a common business name, standardized service, interior decor, exterior design, or use of a trademark or common logo substantially identical to another business within or outside Calistoga (See Section 17.04.616 for a complete definition)?

CHECK ONE: YES **NO**

| ADMINISTRATIVE REVIEW | |
|-----------------------|---|
| 5.04.190 | Unclassified Businesses - Retail Stores / Retail Services _____ |
| 5.04.200 | Home Business _____ |
| 5.04.210 | Contractor _____ |
| 5.04.220 | Transport & Delivery _____ |
| 5.04.220 | Outside Services _____ |
| 5.04.225 | A) Hotel / Motel / Spa / Bar / Restaurants _____ |
| | B & B # of Rooms _____ Zone _____ |
| | B) Apartments _____ |
| | C) Other Rental Dwellings _____ |
| 5.04.270 | Trailer & Mobile Home Parks _____ |
| 5.04.280 | Taxicabs _____ |
| 5.04.290 | Mail Order Goods _____ |
| 5.04.300 | Peddlers or Solicitors _____ |
| 5.04.320 | Auctions / Yard Sale _____ |
| 5.04.330 | Coin Operated Vending Machines _____ |
| 5.04.340 | Amusements _____ |

FOR OFFICIAL USE ONLY

Business License No. _____

| | |
|--------------------------|---------|
| No. of Employee/Unit Fee | \$ |
| Business License Fee | \$ |
| Penalty Fee | \$ |
| Required State CASp Fee | \$ 1.00 |
| Total Due | \$ |

NOTICE: 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 legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccdca.ca.gov.

Thank you for doing business in the City of Calistoga

I declare, under penalty of perjury that these statements are true to the best of my knowledge.

Signature of Owner or Representative: _____ **Date:** _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CALISTOGA

CITY OF CALISTOGA

| BUSINESS LICENSE TAX | TYPES OF BUSINESSES | FULL YEAR | AFTER JULY 1ST |
|-------------------------|---|---|--|
| 5.04.190 | Unclassified Businesses (Includes Retail Sales/Services/Professional Services | | |
| | 1 - 2 Employees | \$ 101.46 | \$ 50.73 |
| | 2 - 5 Employees | \$ 184.48 | \$ 92.24 |
| | 6 - 10 Employees | \$ 350.51 | \$175.26 |
| | 10 plus Employees | \$ 553.44 | \$276.72 |
| 5.04.200 | Home Business | \$ 30.00 | \$ 15.00 |
| 5.04.210 | Contractor | \$ 83.04 | \$ 41.52 |
| 5.04.220 | Outside Service Flat Fee Transport & Delivery First Vehicle Additional Vehicle | \$ 73.79 \$ 73.79 \$ 27.57 | \$ 36.90 \$ 36.90 \$ 13.84 |
| 5.04.250 | Hotel / Motel / Spa / Bar / Restuarant / Lodging B & B | Same as Unclassified \$ 62.57 per room | See 5.04.190 |
| | Apartments Apt. #1 Additional Apartments > 1 | \$ 46.12 \$ 12.30 | \$ 23.06 \$ 6.15 |
| | Other Rental Dwellings #1 of 3 #2 + of 3 #1 of over 4 #2 of over 4 | \$ 29.84 \$ 8.44 \$ 53.71 \$ 12.39 | \$ 14.92 \$ 4.22 \$ 26.86 \$ 6.20 |
| 5.04.270 | Trailer & Mobile Home Parks Trailer #1 Additional Trailer | \$ 46.12 \$ 12.30 | \$ 23.06 \$ 6.15 |
| 5.04.280 | Taxicabs Taxi #1 Taxi #2 | \$ 55.34 \$ 36.90 | \$ 27.67 \$ 18.45 |
| 5.04.290 | Mail Order Goods | \$ 92.24 | \$ 46.12 |
| 5.04.300 | Peddlers or Solicitors Maximum | \$ 12.30 per day \$122.99 per year | \$61.49 |
| 5.04.320 | Auctions / Yard Sale Maximum | \$ 18.45 per event \$153.73 per year | \$76.87 |
| 5.04.330 | Coin Operated Vending | \$ 12.30 per machine | |
| 5.04.340 | Amusements Carnival Circus Dance Games Open Air Shows | \$ 0.00 day 1 & 2 \$ 92.24 day 3 + \$184.48 per show \$ 92.24 per show \$ 30.75 per show \$130.00 per show | |