



BUILDING PERMIT APPLICATION

Please fill out completely

City of Woodland Community Development Department
Building Division
300 First Street, Woodland, CA 95695
(530) 661-5820 Office/Inspectors (530) 406-0832
(530) 661-5817 Inspection Recorder

Date Application Submitted: _____

Permit Issued to: Owner/Builder
 Licensed Contractor

BUILDING PROJECT IDENTIFICATION

Job Address: _____

Project Description: _____

Subdivision: _____ Unit: _____

Living Area Sq. Ft.: _____ Garage Sq. Ft.: _____

Lot Number: _____ Lot Sq. Ft.: _____

Plan No.: _____ APN No.: _____

Accessory Bldg Sq. Ft.: _____ Solar System _____ KW

Contact Person: _____

Phone Number: _____

Email Address: _____

OWNER INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

CONTRACTOR INFORMATION

Name, Firm: _____

Name, Person: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

St. Contr. Lic No. _____ Exp. Date _____

City Bus. Lic. No. _____ Exp. Date _____

Needs Business License

BUILDING VALUATION INFORMATION

(Please Separate Costs per Category)

Building Construction Cost _____

Plumbing Construction Cost _____

Electrical Construction Cost _____

Mechanical Construction Cost _____

Roofing Squares for Reroof Permit _____

FLOOD ZONE:

FIRE SPRINKLERS

Is the project within the Flood Zone? Does Building have Fire Sprinklers?
Yes No Yes No

WORKER'S COMP INFORMATION

Insurance Company: _____

Policy No.: _____

Expiration Date: _____ On File

Note: See other side for Air Quality Application, C&D Recycling Plan, and PG&E Demolition Release

OFFICE USE ONLY

Permit Number _____

Project Account Number _____

Storm Drainage Area _____

Total Permit Fee: \$ _____

Plan Check Fee Paid: \$ _____

Balance Due: \$ _____

APPLICANT: I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representative of this City to enter upon the above mentioned property for inspection purposes. I/ (We) agree to save, indemnify and keep harmless the City of Woodland against liabilities, judgments, costs and expenses which may accrue against said City in consequence of the granting of this permit.

Signature of Applicant: _____

Owner Contractor Authorized Agent

Printed Name of Applicant: _____

ID Verification Performed: _____

DEMOLITION PROJECT INFORMATION

Demolition Address: _____

Assessor's Parcel Number: _____

Description of Building to be Demolished: _____

Are you removing any existing trees?

Yes No

If yes, please identify on a map, those trees you wish to remove.

PG&E

Prior to permit issuance for demolition of any structure, a release from PG&E is required

Contact PG&E at:
707-449-5701 or 877-743-7782

CONSTRUCTION & DEMOLITION (C&D) DEBRIS RECYCLING ORDINANCE

(Please select your project type or exempt)

- Equal/greater than 1,000 Square feet
- Spring Lake Planning area
- Exempt**

If applicable a copy of the C&D Waste Reduction Recycling Plan must be filled out and attached to this application.

Attached: Yes No

42929 County Road 24
Woodland CA 95776
Ph: (530) 661-2063
Fax (530)666-1266
reyna.shenck@cityofwoodland.org
www.cityofwoodland.org

IMPORTANT – Required for all Commercial Projects

A copy of the Yolo Air Pollution Control District – Asbestos Demolition/Renovation Form must be filled out and attached to this application.

Attached: Yes No

Yolo Solano Air Quality Management District
1947 Galileo Court, #103, Davis, CA 95616
(530) 757-3650 www.ysaqmd.org

NOTE: You are not allowed to proceed with demolition or site clearance until the application has been approved by the City.

Applicant's signature: _____

Date: _____