

### **CONSTRUCTION PERMIT APPLICATION**

City of Kingsburg

Building Department

1401 Draper Street Kingsburg, CA 93631
(559) 897-5328 Fax (559) 897-6558 Inspection (559)897-6526

Date Received
Permit #
RTMF form given for  New Residential or Commercial  Addition to Commercial or Industrial

CON	ITRACTOR		OV	/NER/PROJE	CT INFORM	ATION	
Contractor License No			Project Addr	ess:			
Contractor Name.:			Owner Nam	e:			
Mailing Address			City/State/Zip				
City/State/Zip							
Phone	E-mail		E-mail				
CON	ITACT PERSON		ARCHITECT/ENGINEER				
Name:			Company Name:				
Phone:	<del></del>		License No.				
E-mail			Mailing Address				
Valuation (cost of	project): \$	Lot	ot # APN# Tract #				
New structure Addition Remodel Tenant ImpSignsFire DamageFire Alarms Electrical Mechanical Plumbing Patio Cover Fence Other Project Description:							
SFR SQ FT	SOLAR		A/C	POOL	RE-ROOF	SPRINKLERS	
RESIDENCE	# OF PANELS	TONS_	<del> </del>	GALLONS	TEAR-OFF	# OF HEADS	
PATIO	MSP- NEW OR EXISTING	DUCTWORK			OVERLAY	BLDG SQ FT	
GARAGE	BATTERY STORAGE						
State Law requires all cities to report the disposal and recycling of project waste. Please fill out the Construction and Demolition Management Plan completely and turn in all weight tickets in order to qualify for a return on deposits and to avoid additional penalties. The waste hauler you use must be registered with the City and have a Franchise Agreement and Business License.  **All residences must have working Smoke/Carbon Monoxide Detectors installed prior to final inspection.**  **Applicant Statement: I certify that I have read this application and state that the above information is correct to the best of my knowledge. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes. I (We) agree to save, indemnify and keep harmless the City of Kingsburg against liabilities, judgments, costs and expenses which may accrue against said City on consequence of the granting of this permit.    Contractor   Authorized Agent   Owner							
Signature				_ Date			

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# Building Department Plan Submittal Checklist

Please take a moment to compare your plan sets with this checklist. This form is to assist building permit applicants in determining the adequacy of their submittal package. A complete submittal will expedite the plan check process. If the plans and other construction documents are incomplete, the plan check process could be delayed. Check the items that are included.

Commercial and Industria							
Application must be filled out completely, correct owner's name, project street number, direction, street, suffix and phone number must be on plans. Contractor's name, contractor's license number, address and phone must be provided.							
Electrical, Plumbing and I	Mechanical plan.						
Complete detail plan shee	et: Including irregular	construction material	s and methods.				
Complete set of truss cald	culations: This will inc	lude layout, truss cald	culation sheets keyed	d to layout and si	ze.		
Structural analysis of non		•	•	•			
Complete CCR energy ar Commercial plans.					,		
	SUBCONTRACTORS LIST						
COMPANY	TRADE	ADDRESS	PHONE	CONTRCTRS LICENSE #	KB BUS LICENSE #		
	PLUMBING						
	MECHANICAL						
	ROOFING						
	INSULATION						
	ELECTRICAL						
	PAINTING						
	CONCRETE						
	MASONRY						
WASTE HAULER							