





**SIGNATURE DECLARATION FORM  
&  
INSPECTION INSTRUCTIONS**



**24 HOUR INSPECTION REQUEST LINE (805) 925-0951 EXT 510. PLEASE LEAVE PERMIT NUMBER, ADDRESS, LOT NUMBER (IF APPLICABLE), TYPE OF INSPECTION NEEDED AND A PREFERENCE FOR MORNING OR AFTERNOON.**

**\*\*\*\* INSPECTION REQUESTS MUST BE RECEIVED BEFORE 7:30 A.M. FOR "SAME DAY" INSPECTION. ALL OTHERS WILL BE SCHEDULED FOR THE NEXT BUSINESS DAY. \*\*\*\***

**LICENSED CONTRACTOR'S DECLARATIONS:**

\_\_\_\_\_ I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (Commencing with Sec. 7000) of Division 3 of the Business & Professions Code, and my license is in full force and effect.

License Class: \_\_\_\_\_

License No.: \_\_\_\_\_

**WORKERS' COMPENSATION DECLARATION:**

I hereby affirm under penalty of perjury one of the following declarations:

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

\_\_\_\_\_ 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:

Policy No.: \_\_\_\_\_

Company: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

\_\_\_\_\_ 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.

**CONSTRUCTION LENDING AGENCY:**

I hereby affirm that there (check one): \_\_\_\_\_ is \_\_\_\_\_ is not a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code.).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and state the above information is correct. I agree to comply with all City 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.

\_\_\_\_\_  
**Signature of Applicant, Agent, Owner or Contractor      Date**

<p>****FOR OFFICE USE ONLY****</p> <p>Permit Number: _____</p> <p>Permit Prepared by: _____</p> <p>Permit Issuance Date: _____</p>
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**Expiration of Permit:** Every permit issued by the building official under the provisions of this code shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.

Any permittee holding an unexpired permit may apply for an extension of the time within which work may commence under that permit when the permittee is unable to commence work within the time required by this section for good and satisfactory reasons. The building official may extend the time for action by the permittee for a period not exceeding 180 days on written request by the permittee showing that circumstances beyond the control of the permittee have prevented action from being taken. No permit shall be extended more than once.

**\*\*\*EVERY BUILDING PERMIT SHALL AUTOMATICALLY EXPIRE BY LIMITATION AND BECOME INVALID EIGHTEEN (18) MONTHS AFTER ITS DATE OF ISSUANCE.\*\*\***

Failure to request and receive inspection within 180 days from the **LAST CITY RECORDED INSPECTION** constitutes a condition of suspension or abandonment.

**PLEASE FILL OUT APPLICATION AS COMPLETELY AND ACCURATELY AS POSSIBLE, ANY INACCURACIES OR OMISSIONS MAY RESULT IN UNNECESSARY DELAYS IN PROCESSING YOUR APPLICATION, OR REVOCATION OF PERMITS.**

ASSESSOR PARCEL NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

JOB ADDRESS & BUSINESS NAME \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

TENANT \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

CALL FOR CORRECTIONS \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL: \_\_\_\_\_

Check All Applicable: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Pool/Spa Onsite \_\_\_\_\_

**DETAILED DESCRIPTION OF WORK TO BE PERFORMED:** \_\_\_\_\_

OCCUPANCY CLASSIFICATION (CBC) \_\_\_\_\_ CONSTRUCTION TYPE (CBC) \_\_\_\_\_

Grading – cubic yards of earth; cut \_\_\_\_\_, fill \_\_\_\_\_, import \_\_\_\_\_, export \_\_\_\_\_

Sq. Footage of Proposed Buildings or Improved Area \_\_\_\_\_

**APPLICANT'S STATED VALUE OF WORK \$** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **COMPANY** \_\_\_\_\_

PLANS DRAWN BY \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PH # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTRACTOR'S STATE LICENSE NO./CLASS \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CITY BUS. LICENSE NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

**PLANNING DIVISION ACCEPTANCE:** Date \_\_\_\_\_ by \_\_\_\_\_

Zone \_\_\_\_\_ Zoning/Use Permit No. \_\_\_\_\_ **Within Entrada Specific Plan?** Circle YES or NO

**Within Downtown Specific Plan?** Circle YES or NO If yes, circle which: **GATEWAY, TOWN CENTER, BUNGALOW, GARDEN OR RAILROAD LOFT**

**FINAL PLANNING APPROVAL:** Date \_\_\_\_\_ by \_\_\_\_\_

**BUILDING DIVISION ACCEPTANCE OF PLANS AND APPLICATIONS:** Total Sets of Plans Required \_\_\_\_\_ Sets of Plans Submitted \_\_\_\_\_

Grading Plans Submitted \_\_\_\_\_ Landscape Plans Submitted \_\_\_\_\_ Structural Calcs \_\_\_\_\_ Energy Calcs \_\_\_\_\_ Truss Calcs \_\_\_\_\_

Soils Report \_\_\_\_\_ Specs \_\_\_\_\_ S.B. Health \_\_\_\_\_ APCD \_\_\_\_\_ Other \_\_\_\_\_

Plan Check Fee Due  
(from other side) \_\_\_\_\_

\_\_\_\_\_ Sq.ft. @ \_\_\_\_\_ Building \$ \_\_\_\_\_

\_\_\_\_\_ Sq.ft. @ \_\_\_\_\_ Garage \$ \_\_\_\_\_

\_\_\_\_\_ Sq.ft. @ \_\_\_\_\_ Carport/Patio \$ \_\_\_\_\_

\_\_\_\_\_ Sq.ft. @ \_\_\_\_\_ Garage Conv \$ \_\_\_\_\_

\_\_\_\_\_ Sq.ft. @ \_\_\_\_\_ Porch/Deck \$ \_\_\_\_\_

\_\_\_\_\_ L.ft. @ \_\_\_\_\_ Fence \$ \_\_\_\_\_

TOTAL VALUATION \$ \_\_\_\_\_

Date of Acceptance of Plans \_\_\_\_\_

by \_\_\_\_\_

Paid by \_\_\_\_\_

Date of Planchek Completion \_\_\_\_\_

By \_\_\_\_\_

**CODE COMPLIANCE:** NONE \_\_\_\_\_ ACTIVE \_\_\_\_\_ **DATE CHECKED:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_



**PRE-REROOFING INSPECTION REPORT AND APPLICATION**

JOB ADDRESS	ASSESSOR'S PARCEL NO.	DATE
OWNER	ADDRESS	PHONE NO.
CONTRACTOR	STATE LICENSE #	PHONE NO.
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL SIGNATURE _____		

**ROOFING MATERIALS:**

**1. EXISTING ROOF TYPE AND PITCH:**

- Asphalt Shingle    Wood Shingle    Wood Shake    Concrete Tile    Clay Tile  
 Built-up    Other \_\_\_\_\_ Pitch: \_\_\_\_\_

**2. NUMBER OF EXISTING ROOFS:**

- 1    2    3    Other \_\_\_\_\_

**3. PROPOSED ROOF TYPE: A minimum Class "C" Roof is required in California.**

- Asphalt Shingle    Wood Shingle    Wood Shake    Concrete Tile    Clay Tile  
 Built-up    Other: \_\_\_\_\_

NOTE: If the Proposed Roof is Different than the Existing Roof, Planning Approval is Required.

- a. Proposed Roof Covering Classification: CLASS    A    B    C
- b. Is the existing roof to be removed?    YES    NO   If the answer is yes and asbestos materials are discovered, contact Santa Barbara County APCD at 686-5012. Note: When an overlay is proposed to an existing wood shake or shingle roof over spaced sheathing and the number of existing roof coverings equals or exceeds the maximum allowed by Section 1516 of the City of Santa Maria Municipal Code, Section 9-1.224, all of the existing roof coverings shall be removed prior to the application of the proposed roof covering.
- c. If the existing roof is not to be removed, will the proposed roof assembly comply with Section 9-1.224 of the City of Santa Maria Municipal Code?    YES    NO
- d. Are the roofing materials listed, labeled and approved for use in the State of California?  
 YES    NO   Listing Agency and Number \_\_\_\_\_

**STRUCTURAL:**

1. Reroofing beyond the prescriptive standards allowed in Section 1516 of the City of Santa Maria Municipal Code Section 9-1.224 will require Building Division review and a plan check fee may be applicable.
2. Does the roof have sufficient slope (1/4" per ft. min.) to drain?    YES    NO    N/A
3. Is there any visual evidence of extensive ponding (areas where water ponds for more than 24 hours)?  
 YES    NO    N/A
4. Is the existing insulation dry and securely connected to the roof sheathing?    YES    NO    N/A

**MISCELLANEOUS ROOF COMPONENTS**

**(Circle One)**

1. Roof Framing	OK	Replace	Repair	N/A
2. Roof Sheathing      ADD	OK	Replace	Repair	N/A
3. Metal Vent Flashing	OK	Replace	Repair	N/A
4. Metal Counter Flashing	OK	Replace	Repair	N/A
5. Metal Valley Flashing	OK	Replace	Repair	N/A
6. Roof Drains	OK	Replace	Repair	N/A
7. Roof Jacks	OK	Replace	Repair	N/A
8. Scuppers	OK	Replace	Repair	N/A
9. Collars and Pitchpans	OK	Replace	Repair	N/A
10. Curbs	OK	Replace	Repair	N/A
11. Cant Strip	OK	Replace	Repair	N/A
12. Metal Edging and Reglets	OK	Replace	Repair	N/A
13. Braces and Guy Wire Supports	OK	Replace	Repair	N/A
14. Electrical Conduit Supports	OK	Replace	Repair	N/A
15. Gas Pipe Supports	OK	Replace	Repair	N/A
16. Mechanical Equipment Supports	OK	Replace	Repair	N/A

**\* If mechanical equipment is removed a separate permit is required for reinstallation.**

VALUATION/CONTRACT AMOUNT	ROOF AREA/SQUARE FOOTAGE	PERMIT NUMBER
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CODE COMPLIANCE:    NONE    ACTIVE   CHECKED BY: \_\_\_\_\_   DATE: \_\_\_\_\_

Zoning/Use Permit \_\_\_\_\_ **Within Entrada or Downtown Specific Plan? Circle YES or NO**

**If yes, circle which: ENTRADA, GATEWAY, TOWN CENTER, BUNGALOW, GARDEN OR RAILROAD LOFT**

PLANNING DIVISION APPROVAL: \_\_\_\_\_   DATE: \_\_\_\_\_

BUILDING DIVISION APPROVAL: \_\_\_\_\_   DATE: \_\_\_\_\_