

SCOTTS VALLEY BUILDING PERMIT APPLICATION

City of Scotts Valley Building Department, One Civic Center Drive, Scotts Valley, CA 95066
(831) 440-5640/FAX: (831) 438-2793

Construction Site Address: _____ APN _____

Property Owner: _____ Address: _____

City: _____ Zip: _____ Phone: _____ FAX: _____

Applicant/Contact: _____ Address: _____

City: _____ Zip: _____ Phone: _____ FAX: _____ Email: _____

Contractor: _____ Address: _____

City: _____ Zip: _____ Phone: _____ FAX: _____

**NOTE: IF THE CONSTRUCTION SITE IS LOCATED WITHIN A HOMEOWNERS ASSOCIATION,
WRITTEN APPROVAL FROM THEIR BOARD IS REQUIRED.**

Valuation of Construction: \$ _____ Residential Commercial

- BUILDING:**
- | | |
|---|---|
| <input type="checkbox"/> SFD / _____ sq ft | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Addition _____ sq ft | <input type="checkbox"/> Interior Tenant Improvement (Commercial) |
| <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Deck <input type="checkbox"/> New <input type="checkbox"/> Repair same <input type="checkbox"/> Expand |
| <input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Windows <input type="checkbox"/> Replacement <input type="checkbox"/> New |
| <input type="checkbox"/> Exterior siding (lap board, vinyl, stucco) | <input type="checkbox"/> Other _____ |

- MECHANICAL:**
- | | | | | |
|---------------------------------------|--|---|--------------------------------------|---|
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Gas Line | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Exhaust Fan | <input type="checkbox"/> Fireplace Insert |
| <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Roof top HVAC (roof plan with approved screening required). | | | |
| <input type="checkbox"/> Other: _____ | | | | |

- ELECTRICAL:**
- | |
|--|
| <input type="checkbox"/> Appliances (list): _____ |
| <input type="checkbox"/> Equipment (list with ratings): _____ |
| <input type="checkbox"/> Service Change (list AMPS): _____ |
| <input type="checkbox"/> Switches/Receptacles (list number of each): _____ |
| <input type="checkbox"/> Lights (list number of each): _____ |
| <input type="checkbox"/> Sign <input type="checkbox"/> Other: _____ |

- PLUMBING:**
- | | |
|--|---|
| <input type="checkbox"/> Fixtures: # New: _____ # Replace: _____ | <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Pump |
| <input type="checkbox"/> Septic: <input type="checkbox"/> New <input type="checkbox"/> Replace | (Encroachment Permit if in ROW) |
| <input type="checkbox"/> Water Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric | <input type="checkbox"/> Water Treatment Equipment |
| <input type="checkbox"/> New Gas Line <input type="checkbox"/> Other: _____ | |

Plan Check Deposit: _____ Receipt Number: _____ Date Rcvd: _____ Rcvd. By: _____

Fire by: _____ Date: _____ Fee: \$ _____ / Public Works by: _____ Date: _____ Fee: \$ _____

Planning by: _____ Date: _____ Fee: \$ _____ Zoning: _____ AI: \$ _____ GP Maint: \$ _____

Building by: _____ Date: _____ Fee: \$ _____ Valuation: \$ _____ Occupancy: _____ Construction Type: _____

Building Standards Fee: \$ _____

TOTAL FEES	\$ _____
LESS PLAN CHECK DEPOSIT PAID: -	\$ _____
TOTAL FEES DUE:	\$ _____

ID # _____ BUILDING PERMIT # _____ RECEIPT # _____

IMPORTANT REGULATIONS YOU NEED TO KNOW

180-DAY (SIX MONTHS) BUILDING PERMIT LIMITATION:

-Activity on building permits in the **application plan check process** is required within 180 days (six months) following the date of application or the building permit application shall be deemed expired.

-Inspections showing progress on **issued building permits** must occur within every 180 days (six months) following the date of issuance, or the building permit shall be deemed expired.

-One six month extension is allowed if requested in writing **prior to expiration**.

-It is the responsibility of the applicant/owner if either of the above circumstances is about to occur to contact the Building Department.

APPROVED CONSTRUCTION PLANS:

-All construction must be completed per the stamped approved plans. No changes can be made in the field and all proposed changes must be shown on revised plans and approved in writing **PRIOR TO CONSTRUCTION**. Failure to adhere to the approved plans may result in the demolition and subsequent rebuilding of the project in conformance with approved plans.

-If modifications are necessary, they must be approved in writing **PRIOR TO CONSTRUCTION**. Requests for changes may be considered by the appropriate Commission or City Department and approved or denied based on the circumstances of the case.

REQUIRED SIGNATURE (SUBMITTING APPLICANT):

By my signature below, I hereby certify that I have read, understand and will comply with all information and regulations in this application. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a building permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction.

Property Owner: _____

Date: _____

Authorized Agent: _____
(requires signed Owner/Agent form)

Date: _____

Licensed Contractor: _____

Date: _____

Contractor License Number: _____

Exp Date: _____

IS YOUR CITY OF SCOTTS VALLEY BUSINESS LICENSE CURRENT: _____