



City of Grover Beach

Community Development Department
 154 South 8th Street, Grover Beach, CA 93433
 Phone: (805) 473-4520 | Inspection: (805) 473-4527
 Email commdev@groverbeach.org | www.groverbeach.org

OFFICIAL USE ONLY	
Permit No.	
<input type="checkbox"/> Quick <input type="checkbox"/> Minor <input type="checkbox"/> Major	

BUILDING PERMIT APPLICATION

A. PROJECT INFORMATION		
Project Address:		APN: 060 -
Project Description (Include SF of proposed addition / replacement)		Valuation: \$
Project Type	<input type="checkbox"/> Demolition <input type="checkbox"/> Solar PV <input type="checkbox"/> Re-roof <input type="checkbox"/> Water Heater <input type="checkbox"/> Service Panel <input type="checkbox"/> New Construction / Addition <input type="checkbox"/> Remodel with Structural Improvements <input type="checkbox"/> Conversion / Remodel No Structural <input type="checkbox"/> Carport / Patio / Deck / Utility <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Shell <input type="checkbox"/> Other:	
Structure Type	<input type="checkbox"/> SFR <input type="checkbox"/> MFR <input type="checkbox"/> Garage / Carport / Other <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Mixed-Use	
Structure Age	Built Prior to 1978 <input type="checkbox"/> No <input type="checkbox"/> Yes, RRP Certification required for contractors	
Additional Permit Review (check all the apply)	<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Exterior Changes <input type="checkbox"/> Grading / Drainage / Impervious Surface <input type="checkbox"/> Encroachment	
Project Questions	Project replaces or adds more than 2,500 sf of impervious surface <input type="checkbox"/> Yes <input type="checkbox"/> No Project is grading / fill more than 200 sf <input type="checkbox"/> Yes <input type="checkbox"/> No Project adds or replaces any new landscaping <input type="checkbox"/> Yes <input type="checkbox"/> No _____sf	
SOLAR PV SYSTEMS APPLICATIONS ONLY		
Number of Panels _____	Location of main breaker (select one): <input type="checkbox"/> Top <input type="checkbox"/> Center <input type="checkbox"/> Bottom	
Size of System _____KW	Roof Mounted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: Calculations are required. Ensure the plans include all AC and DC calculations with system characteristics.		

B. APPLICANT INFORMATION			
CHOOSE PRIMARY CONTACT: <input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor			
Owner	Name:	Phone:	Email:
	Mailing Address:		
Applicant	Name:	Phone:	Email:
	Mailing Address:		
Contractor	Name:	Phone:	Email:
	Mailing Address:		
	State License #:	Class(es):	Exp. Date:
	GB Tax #	Exp. Date:	

C. ZONING CLEARANCE

Zoning Clearance is required to verify that all requirements of this Development Code have been satisfied for any permitted land use and where no discretionary permit approval to establish the use or development is required. Please provide the following information:

- Existing Structure / Use
- Proposed New Use / Tenant Improvement (Use Type): _____
- New Structure (Use Type): _____
- Proposed Addition of 500 sf or adding new story (Use Type): _____

NOTE: ALL NEW RESIDENTIAL STRUCTURES (INCLUDING ADUS, MIXED-USE STRUCTURES, ADDITIONS GREATER THAN 500 SF, AND PERMIT PROJECTS THAT ADD A NEW STORY) ARE REQUIRED TO MEET ADOPTED OBJECTIVE DESIGN STANDARDS AS OF JULY 12, 2022.

D. ACKNOWLEDGEMENT

I certify as the property owner or authorized agent that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State Laws relating to Building Construction and hereby authorize City representatives to enter upon the above-mentioned property for inspection purpose. I understand that this is an application and NOT a permit or authorization to do any work without the Building Department review and approval, payment of all required fees, and signing all required documentation. I understand that this application will expire within 180 days from date of application if a permit is not issued or an extension is granted. I hereby agree to save indemnify, and keep harmless the City of Grover Beach, its officers and duly appointed representatives against all liabilities and judgements resulting from this permit.

Signature: _____

Date: _____

E. LEGAL DECLARATIONS

Owner Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from the Contractor' License Law for the following reason:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Business and Professions Code Section 7044)
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Business and Professions Code Section 7044)
- I am exempt under Business and Professions Code Section _____ because _____

Signature: _____ Date: _____

Licensed Contractor Declaration

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 number: _____ is in full force and effect.

Signature: _____ Date: _____

Worker's Compensation Declaration

- I hereby affirm under penalty of perjury on of the following declarations:
- I have and will maintain a certificate of consent to self-insure for worker's 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 worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Company: _____ Policy Number _____

- I certify that, in the performance f the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that, if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: _____ Date: _____