



# City of Grover Beach

Community Development Department  
 154 South 8<sup>th</sup> Street, Grover Beach, CA 93433  
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## BUILDING PERMIT APPLICATION

| PROJECT INFORMATION                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Project Address:                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APN: 060 -                                |
| Project Description<br>(Describe what you are applying for, and include square footage)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Valuation<br>(labor and materials):<br>\$ |
| Project Type                                                                                                             | <input type="checkbox"/> Demolition <input type="checkbox"/> Solar PV* <input type="checkbox"/> Re-roof (s.f.) _____ <input type="checkbox"/> Water Heater <input type="checkbox"/> Electrical Panel<br><input type="checkbox"/> New Construction / Addition (s.f.) _____ <input type="checkbox"/> Remodel with Structural Improvements<br><input type="checkbox"/> Conversion / Remodel No Structural <input type="checkbox"/> Carport / Patio / Deck / Utility (s.f.) _____<br><input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Shell <input type="checkbox"/> Sign # _____ <input type="checkbox"/> Windows # _____<br><input type="checkbox"/> Other: |                                           |
| Project Includes<br><b>(check all the apply)</b>                                                                         | <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Exterior Changes<br><input type="checkbox"/> Grading / Drainage / Impervious Surface <input type="checkbox"/> Encroachment (Work in Sidewalk/Street)                                                                                                                                                                                                                                                                                                                                                                                       |                                           |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |
| Project Questions                                                                                                        | Project replaced or adds more than 2,500 sf 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| <b>*SOLAR PV SYSTEMS APPLICATIONS ONLY</b>                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |
| <b>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"/> Design Professional <input type="checkbox"/> Contractor |                                               |            |                   |
| <b>Property Owner</b>                                                                                                                            | Name:                                         | Phone:     | Email (required): |
|                                                                                                                                                  | Mailing Address:                              |            |                   |
| <b>Design Professional</b>                                                                                                                       | Name:                                         | Phone:     | Email:            |
|                                                                                                                                                  | Mailing Address:                              |            |                   |
| <b>Contractor</b>                                                                                                                                | Business Name:                                | Phone:     |                   |
|                                                                                                                                                  | Mailing Address:                              |            |                   |
|                                                                                                                                                  | CA State License #:                           | Class(es): | Exp. Date:        |
|                                                                                                                                                  | Grover Beach Business Tax Certificate (BTC) # |            | Exp. Date:        |

**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 one 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 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 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: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that I have read this application and state the above information is correct and agree to comply with all City ordinances and State laws related to building construction and hereby authorize representatives of the City to enter upon the project site for inspection purposes. 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. LOCATION OF THE STRUCTURE ON THE PROPERTY IS THE RESPONSIBILITY OF THE PERMITTEE.

**Mark one of the following:**

THIS PERMIT IS BEING ISSUED TO CORRECT CODE VIOLATIONS PURSUANT TO AN ACTIVE CODE COMPLIANCE CASE AND IS VALID FOR 90 DAYS TO COMPLETE THE PROJECT CONSISTENT WITH GBMC ARTICLE VIII SECTION 8116. EXTENSIONS MAY BE APPROVED FOR CASES SUBJECT TO A SETTLEMENT AGREEMENT OR INVOLVE SUBSTANTIAL CONSTRUCTION REQUIRING ADDITIONAL TIME.

THIS PERMIT EXPIRES AND BECOMES NULL AND VOID IF THE WORK IS NOT COMMENCED WITHIN 365 DAYS OR IF THE WORK HAS BEEN SUSPENDED OR ABANDONED FOR A PERIOD OF 365 DAYS. EXTENSIONS MAY BE APPROVED CONSISTENT WITH SECTION 105 OF THE CALIFORNIA BUILDING CODE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**OFFICIAL USE ONLY**

|                  |                      |                              |                                |                                |                                |
|------------------|----------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Permit No: _____ | Date Received: _____ | <input type="checkbox"/> OTC | <input type="checkbox"/> Quick | <input type="checkbox"/> Minor | <input type="checkbox"/> Major |
|------------------|----------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|