



City of Greenfield
 Community Services Department – Building Division
 599 El Camino Real, Greenfield, CA 93927
 Tel: (831) 304-0333 | Fax: (831) 674-3149
www.ci.greenfield.ca.us

OFFICE USE ONLY	
Application No:	

BUILDING PERMIT APPLICATION

SEC I: PROJECT INFORMATION				
Project Address			Assessor Parcel No.	
Building Use	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Industrial		Project Valuation	\$
Project Type	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> ADU <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Solar <input type="checkbox"/> Other:			
Project Description				
Project Includes	<input type="checkbox"/> Plumbing (including gas)	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	
	<input type="checkbox"/> Exterior Changes	<input type="checkbox"/> Site Grading/Drainage	<input type="checkbox"/> Other	

SEC II: APPLICANT INFORMATION			
PRIMARY CONTACT IS: <input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Engineer			
Owner	Name:	Phone:	Email:
	Mailing Address:		
Applicant	Name:	Phone:	Email:
	Title:		
	Mailing Address:		
Contractor	<input type="checkbox"/> Owner-Builder <input type="checkbox"/> To Be Determined (TBD)		
	Name:	Phone:	Email:
	Mailing Address:		
	License Class:	License No:	Expiration Date:
Architect/ Engineer	Name:	Phone:	Email:
	Mailing Address:		
	Architect or Engineer's License No.:		

SEC III: APPLICANT DECLARATIONS		
<p>_____ I certify 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 obtained.</p>		
PRIMARY APPLICANT SIGNATURE	PRINT NAME	DATE

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CSLB verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Code Case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		