



RESIDENTIAL BUILDING PERMIT APPLICATION

Community Development Department
Building Division
1600 First St., PO Box 650
Napa, CA 94559-0660
707-257-9540

OFFICE USE ONLY

PERMIT#: _____

RECEIVED BY _____ DATE REC: _____

PROPERTY DESCRIPTION

Site Address: _____ APN: _____

Work Description: _____

Construction Cost (includes design, material, and labor): _____

Is the home currently equipped with Fire Sprinklers? Y/N ___ Total sq. ft. being added to the existing home (if applicable) _____

Total sq. ft. of the home before modifications (including garage) _____ Total sq. ft. after modifications _____

Current Occupancy: _____ Current Use: _____ Construction Type: _____

BE ADVISED NEW BUILDINGS, ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS SHALL COMPLY WITH NMC CHAPTER 15.04

PROPERTY OWNER

Is the permit being pulled as "owner-builder"? Yes No

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

CONTRACTOR, ARCHITECT AND/OR ENGINEER (PLEASE LIST ON SEPARATE PAGE IF NECESSARY)

Company Name: _____ Contact Name: _____

Contractor License#: _____ Expires: _____

City of Napa Business License #: _____ Expires: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

APPLICANT/PRIMARY CONTACT

All communication from our office will be made to this person via email.

Contact Name: _____ Firm/License#: _____

Email: _____ Phone #: _____

SIGNATURE

I certify that the information on this application is true and correct.

Print Name: _____ Signature: _____ Date _____

I represent the: Owner Contractor Authorized Agent (please provide a signed "Agent Authorization Form" or letter)