



City of Santa Barbara
 Building & Safety Division
APPLICATION FOR FAX
PERMIT

Community Development
 630 Garden Street
 805-564-5485
 Fax- 805-564-4376

Fax permits may only be issued for replacement of roofing material or replacement of water heaters in the same location

Please complete the following information, sign below, and fax to (805) 564-5476.

Project Street Address: _____

Owners Name: _____ Daytime Phone # _____

Business/Tenant Name (If Applicable): _____

Contractor Name: _____ Phone # _____

Contractor Address: _____ State License # _____

Type of permit being requested (check one): Water Heater Reroof (complete box below)

Roofing Permit Information:

Type of **existing** material: _____ Color: _____

Type of **proposed** material: _____ Color: _____ # of squares: _____

Type of new sheathing (if applicable): _____ Framing changes?: Yes No

Is the property located within a City Design District? Yes No - Average slope of lot: _____ %

Type of structure (check one): Commercial Single family home/Single story duplex Other residential

Is this a Calif. Energy Code required Cool Roof? Yes No

Will the building need to comply with HSC Sec. 25505, 25533, and 25534 (Hazardous materials)? Yes No

Is this project funded by a construction lending agency? Yes No

The following declarations are made and acknowledged below as applicable to either a licensed contractor or owner of the real property referenced above:

_____ I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Divisions of the Business and Professions Code, and my license is in full force and effect; or, I am exempt as an owner with fee title interest in the property for which a permit will be issued, and I hereby affirm I have on file with this office a current certificate of consent to self insure, or a certificate of Workers Compensation Insurance, or a certified copy thereof (§3800 Labor Code) or I am exempt, as noted below (check one):

_____ A certified copy of workers compensation insurance is attached or a certified copy is on file with the Building & Safety Division;
 Policy # _____ Company _____

Or,

_____ I certify that in the performance of the work for which a permit is issue, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California (Notice to applicant: If after making this certificate of exemption, should you become subject to worker's compensation provisions of the labor code, you must forthwith comply with such provisions or any permit issued shall be deemed revoked).

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 authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Signature of licensed contractor: _____ Date: _____

THIS IS NOT A PERMIT TO PERFORM WORK. THE INSPECTION CARD & RECEIPT WILL BE MAILED TO THE CONTRACTOR ADDRESS INDICATED ABOVE. WORK MAY BEGIN WHEN THIS CARD IS RECEIVED.

Type of card (circle one): VISA or MC Account # _____ Exp. Date: _____

CARD HOLDER SIGN HERE: _____ Total Fee (office use): \$ _____

Card holder acknowledges receipt of goods/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issuer.

PRINT NAME OF CARD HOLDER HERE: _____

CARD HOLDER BILLING ADDRESS: _____
 (street) (city) (state) (zip code)