



City of Santa Barbara  
 Building & Safety Division  
**APPLICATION FOR FAX PERMIT** (Rev. 1/17)

Community Development  
 630 Garden Street  
 805-564-5485  
 Fax- 805-564-5476

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

(Office use) **Permit Number: BLD20** \_\_\_\_\_

**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** (Location: \_\_\_\_\_)  **Reroof** (complete 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

Is the building subject to HSC Sec. 25505, 25533, and 25534 (Hazardous materials)?  Yes  No

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

Project Valuation: \$ \_\_\_\_\_

**\*\*\* ATTENTION: This project may require the installation of carbon monoxide and smoke detectors per Calif Building and Residential Codes. Please contact our office at (805) 564-5485 for more information. \*\*\***

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.

**Printed Name of licensed contractor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **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:**  VISA  MC  Discover **Account #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Card Security Code:** \_\_\_\_\_

**CARD HOLDER Signature:** \_\_\_\_\_ **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.*

**NAME** (As printed on Card): \_\_\_\_\_

**CARD HOLDER BILLING ADDRESS:** \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)