

CITY OF RIVERBANK BUILDING PERMIT APPLICATION
6617 Third Street - Riverbank, CA. 95367 (209) 863-7128 FAX (209) 869-7126
Mailing Address – 6707 Third Street – Riverbank, CA 95367

Date of Application: _____

Type of Construction Proposed: _____

Job Address: _____

Cost of Proposed Project: _____ Square Footage: Living area: _____ Garage: _____

Patio/Porch: _____

OWNER INFORMATION: Name: _____ Phone No.: _____

Home Address (City-State-Zip): _____

Contractor Information:

Name: _____ Phone No.: _____

Home Address (City-State-Zip): _____

Contractor's License No: _____ Class: _____ Expires: _____

Workers Compensation: Carrier _____ Policy No. _____ Expires: _____

OWNER-BUILDING VERIFICATION

FOR YOUR PROTECTION YOU SHOULD KNOW THAT AS "OWNER-BUILDER" YOU ARE THE RESPONSIBLE PARTY OF SUCH BUILDING PERMIT. IF THE WORK IS BEING DONE BY SOMEONE OTHER THAN YOURSELF, YOU MAY PROTECT YOURSELF FROM POSSIBLE LIABILITY IF THAT PERSON APPLIED FOR THE PERMIT THEMSELVES. CONTRACTORS ARE REQUIRED TO BE LICENSED AND BONDED BY THE STATE OF CALIFORNIA AND TO HAVE A BUSINESS LICENSE FROM THE CITY/COUNTY IN WHICH THEY ARE WORKING. IF YOU PLAN TO DO YOUR OWN WORK WITH THE EXCEPTION OF VARIOUS TRADES YOU WILL SUB-CONTRACT, YOU SHOULD BE AWARE OF THE FOLLOWING INFORMATION FOR YOUR BENEFIT AND PROTECTION.

IF YOU EMPLOY OR ENGAGE ANY PERSON OTHER THAN YOUR IMMEDIATE FAMILY/FRIENDS AND THE WORK INCLUDING MATERIAL IF \$500.00 OR MORE FOR THE PROJECT AND SUCH PERSON IS NOT A LICENSED CONTRACTOR, THEN YOU MAY BE CLASSIFIED AS AN EMPLOYER. IF YOU ARE AN EMPLOYER YOU MUST THEN REGISTER WITH THE STATE AND FEDERAL GOVERNMENTS AS SUCH AND BECOME SUBJECT TO STATE AND FEDERAL TAX WITHHOLDING, SOCIAL SECURITY TAXES, WORKERS COMPENSATION INSURANCE, DISABILITY INSURANCE AND UNEMPLOYMENT COMPENSATION. IF YOU DO NOT CARRY OUT THESE OBLIGATIONS YOU RISK FINANCIAL LIABILITIES.

I HAVE READ THE ABOVE INFORMATION _____ YES _____ NO

I WILL PERSONALLY PROVIDE THE MAJOR LABOR/MATERIALS FOR THE ABOVE DESCRIBED PROJECT

_____ YES _____ NO OWNERS SIGNATURE _____

Building Permit Application Sign Permit

OWNER INFORMATION	
NAME	
ADDRESS	
CITY/ZIP	
PHONE NO.	
JOB ADDRESS	
SCOPE OF WORK	
VALUATION OF WORK	
CONTRACTOR INFORMATION	
NAME	
ADDRESS	
CITY/ZIP	
PHONE NO.	
MAILING ADDRESS	
FAX NO.	
LICENSE NO	
LICENSE CLASS	
EXPIRATION DATE	
PAYMENT AUTHORIZATION	
<i>I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY OF RIVERBANK ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION AND HEREBY AUTHORIZE PAYMENT OFR SAID BUILDING PERMIT TO BE CHARGED TO THE FOLLOWING CREDIT CARD.</i>	
TYPE OF CREDIT CARD	
CREDIT CARD NO	
EXPIRATION DATE	
AMOUNT OF CHARGE	
AUTHORIZED SIGNATURE	

THREE (3) SETS OF THE FOLLOWING INFORMATION SHALL BE SUBMITTED TO THE BUILDING DEPARTMENT:

- A PLOT PLAN SHOWING THE EXACT LOCATION OF THE PROPOSED SIGN WITH RESPECT TO THE BOUNDARIES OF THE PROPERTY AND THE LOCATION OF ANY BUILDING(S); DIMENSIONS OF ALL EXISTING SIGNS WHETHER THEY PERTAIN TO THE BUSINESS FOR WHICH THE SIGN PERMIT IS BEING APPLIED FOR OR NOT.
- ELEVATIONS OF THE SIGN SHOWING: THE DIMENSIONS OF THE PROPOSED SIGN; THE MESSAGE TO BE PLACED O THE SIGN; LOCATION OF WALL MOUNTED SIGNS OF THE OVERALL HEIGHT OF THE SIGN INCUDING THE POLE IN THE CARE OF A FREE-STANIDNG SIGN.
- ALL ELECTRICAL SIGNS SHALL HAVE LISTED ON THE PLANS ALL COMPONENTS BEING USED AMD THE CALCULATED LOADS INCUDING ICBO INFORMATION.

IN SOME CASES, ENGINEERD PLANS MUST BE SUBMITTED SHOWING ALL ATTACHMENTS, CONNECTIONS AND FOUNDATION DESIGN WHICH MEET WIND, SEISMIC AND UP-LIFT FORCES. ALL SUCH PLANS MUST INCUDE THE ENGINEERS WET STAMP/SIGNATURE/DATE. PLEASE CHECK WITH THE BUILDING DEPARTMENT PRIOR TO SUBMITTAL OF THE SIGN APPLICATION TO DETERMINE WHETHER ENGINEERS PLANS SHALL BE REQUIRED.

City of Riverbank Community Development Department Building Division
(209) 863-7120 FAX (209) 869-7126