



COUNTY OF YOLO

Department of Community Services
Building Inspection Division
292 W. Beamer Street Woodland, CA 95695
(530) 666-8775, fax (530) 666-8156 www.yolocounty.org

Form #
GH - 002

Building Permit Application

Application Date: _____ Assessor's Parcel Number: _____ Fire District: _____
Project Address: _____ City: _____ Zip: _____

APPLICANT Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Main Contact: Applicant Owner/Tenant Contractor Arch/ Eng.

OWNER Representative (Owner's written approval required) **PROFESSIONAL** Architect Engineer Designer

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Email: _____
Company Name: _____ Name: _____ CA Reg. # _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Email: _____

CONTRACTOR Name: _____ Phone: _____ License#: _____

Company Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

PROJECT INFO Type: Residential Commercial/ Industrial Remodel/ Addition Demolition Other Grading

Permit For: Building Electrical Plumbing Mechanical Re-roof PV/ Solar Water Heater
 Patio Cover/ Deck Swimming Pool/Spa MH/ Commercial Coach Ag Building Co-location Other _____

Description of Work: _____

Proposed Use: _____ **Existing Use:** _____

Construction Valuation Cost (labor and material): \$ _____

Occupancy Group(s): _____ **Square Footage:** _____ **Type of Construction:** _____

Area to be disturbed by grading: Less than an acre / Or more than an acre (requires a State Permit)

Will any soil be imported Or exported from the site Yes No

Applicant Signature: _____ **Date:** _____

OFFICE USE:

Planning Approval Zoning: _____ General Plan: _____ Zoning Conformity: yes / no
Zone File: _____ Inclusionary Housing Fees: yes / no
Minimum Setbacks: FY _____ SY _____ RY _____ Conditions: yes / no
Notes: _____
Planner Signature: _____ Date: _____

Flood Zone: _____ **Panel Number:** _____ **Soils:** _____ **Fire Severity:** _____