City of McFarland

401 W Kern Ave
McFarland CA 93250
Office: (661)792-3091
Fax: (661)792-3093

Application Number:	
Date:	
Square Footage:	
Valuation	

BUILDING PERMIT APPLICATION

INCOMPLETE FORMS CANNOT BE PROCESSED

PROJECT ADDRESS:

PARCEL NUMBER:

APPLICANTS NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE:

CONTRACTOR NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE:
CA LICENSE: EXPIRATION DATE:

OWNER NAME:
ADDRESS:
CITY: STATE:
ZIP: PHONE:

Description of Work:

TYPE OF PERMIT:

NEW RESIDENTIAL	ALTERATIONS
RESIDENTIAL REMODEL	MECHANICAL
MASTER RESIDENTIAL	DEMOLITION
SINGLE FAMILY HOUSE	PATIO/PORCH
HOUSE MOVING	ELECTRICAL
TEMPORARY GAS	PLUMBING
CODE COMPLIANCE	RE-ROOF
SEWER CONNECTION	CARPORT
SWIMMING POOL	OTHER

ATTENTION

Master site plans must be EXACTLY the same
as the "Approved" set, or the site plans will
results in a regular plan check process
and will include a standard plan check fee

Note:

The contractor is required to have a valid
City of McFarland Business License, current
copies of their Certificate of General & Auto
Liability Insurance and Worker's Compensation
on file with the City of McFarland Finance
Division prior to issuance of all permits.

[ ] OWNER BUILDER

We are providing you with a PROPERTY OWNERS PACKET that includes an *Owner-Builder Acknowledgment and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having permit in your name* as the Owner-Builder.

We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned to the Owner-Building Verfication Form to the City of McFarland. An agent of the owner cannot execute this notice unless you, the property owner, obtained the prior approval of the permitting authority.

I have received and completed the Owner-Builder Acknowledgment and Information Forms.

Date:_____

[ ] Property Owner   [ ] Agent

(The Owner-Builder Authorization of Agent Form 1-09-09 shall be submitted and approved prior to agent approval)

Property Owner's Package Received by_____DATE:_____