



City of Shasta Lake
 Development Services
 Building Division
 4477 Main St. Shasta Lake, CA 96019
 (530) 275-7430

Email: permit@cityofshastalake.gov

BUILDING PERMIT APPLICATION

Assessor's Parcel No.:			Project Address:		
Property Type:		Project Type:		Project Valuation including materials and labor: \$ _____	
Description of Work:					
Property Owner Name:			Phone:		
Mailing Address:					
Email Address:					
Owner's Agent:			Phone:		
Contractor's Name:			Phone:		
Mailing Address:					
Email Address:					
California State License No:			City of Shasta Lake Business License Number:		
Architect/Engineer:			Phone:		
Mailing Address:					
Email Address:					
California State License No:					

OWNER / BUILDER DECLARATION

- I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (§7031.5, Business and Professions Code).
- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (§7044, Business and Professions Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (§7044, Business and Professions Code).
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject I to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of §3700 of the Labor Code, I shall forthwith comply with those provisions.

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with §7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

California Contractor License Number: _____ **License Class:** _____ **Initials:** _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury that:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by §3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as required by §3700 of the Labor Code for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ **Policy Number:** _____

WARNING: Failure to secure Workers' Compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000) in addition to the cost of compensation, damages as provided for in §3706 of the labor code, interest, and attorney's fees.

CONSTRUCTION LENDING AGENCY:

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Civil Code §3097):

Lenders Name: _____ **Lenders Address:** _____

I Hereby 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 hereby authorize representatives of the City of Shasta Lake to enter upon the property for which this permit is issued for inspection purposes.

Permission Is Hereby Granted for the performance of the above described construction in accordance with all state and city laws and ordinances.

BRYAN TRUDEAU, Building Official

Signature _____ Date _____ Issued By _____ Date Issued _____

FOR OFFICE USE ONLY

Zoning: _____ **Flood Zone:** _____ **High Fire Hazard Severity Zone:** _____

Planning Division for Commercial Zoning / Flood Zone: _____



DEMOLITION PERMIT DECLARATION

City of Shasta Lake
4477 Main Street
PO Box 777
Shasta Lake CA 96019
(530) 275-7430
www.cityofshastalake.gov

Applicants for a demolition permit or structural remodel permit shall complete this declaration relevant to hazardous air pollutants upon application for permit per Section 19827.5 Health and Safety Code.

Name:	Permit Number:
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- Property Owner Licensed Demolition Contractor

Please complete Box 1 OR Box 2 below and a Building Permit Application. FAX or MAIL to the Permit Center at the address above.

Please allow at least 48 hours for the issuance of a permit. This time period allows USA to locate any underground or overhead services which may be disrupted by demolition activity.

1 For the Demolition/Remodel of SINGLE FAMILY RESIDENTIAL STRUCTURES

I hereby declare that the demolition/remodel is a **single family residential structure and/or a single-family residential structure's accessory building(s)** and the asbestos notification is not applicable.

Signature of Property Owner or Licensed Demolition Contractor	Date

- Complete Page 2, Notification of Intent to Demolish a Building
 Complete Page 3, Demolition Permit Information Sheet

2 For the Demolition/Remodel of ALL OTHER STRUCTURES

You may be required to submit a copy of each written Asbestos Notification regarding the building which requires submittal to the United States Environmental Protection Agency, or to a designated state agency, or both, pursuant to Park 51 of Title 40 of the Code of Federal Regulations, or the successor part.

Please check the statement which is applicable to your situation:

- I hereby declare that the Asbestos Notification is not applicable to the proposed demolition/remodeling project as there are no asbestos materials in the structure or building which will be razed / remodeled.
 I have submitted my written asbestos notification to the United States Environmental Protection Agency and the California Air Resources Board. Attached are copies of the notifications and Receipt of Mailing.

CERTIFICATION:

I certify that I have read this declaration and state that the above information is correct. I agree to comply with all City and County ordinances and State and Federal laws relating to the demolition or structural renovation, and hereby authorize representatives of the City and County to enter upon the property for inspection purposes.

Signature of Property Owner or Licensed Demolition Contractor	Date

Contractor's Company	Date

- Complete Page 2, **Notification of Intent to Demolish a Building**
 Complete Page 3, **Demolition Permit Information Sheet**
 Complete **Asbestos NESHAP Notification of Demolition and Renovation** (separate handout)

DEMOLITION PERMIT

Property and Site Information Sheet

Structure Address:	
Structure Type (house, community, building, etc.)	Square Footage
Materials of Construction (wood, frame, stucco, masonry, etc.)	
Location of debris disposal facility	

SITE PLAN: Show footprint of all buildings scheduled for demolition, septic tank if applicable, and ALL utility lines (natural gas, water, sewer, and underground electric if any)



INSPECTION REQUIREMENTS

The following items require inspection by the Building Department:

- If the property has a septic system, contact Shasta County Environmental Health at 530-225-5787 or in person at 1855 Placer St., Ste 201 Redding, CA 96001 to obtain an On-site Wastewater Treatment Systems, OWTS, permit.
- Prior to backfilling, the capped termination of the sewer lateral and the location of the end marker at the property line must be inspected.
- Prior to inspection for termination of utilities, all lines shall be clearly marked and flagged.
- Prior to request for Final Inspection, Construction debris (foundation, roofing and framing materials) must be completely removed and properly disposed of and erosion control must be in place.

If needed, there will be two inspections: the first after the sewer line has been capped at the property line and the water meter has been removed, the second (final) after the site has been cleared and erosion control has been installed.

Any inspections for termination of utilities which are not made prior to backfilling will require excavation of the utilities in question and **payment of a re-inspection fee.**

Contractor or Owner Performance Checklist

- 1) **Call USA** 2 working days before digging: 1-800-227-2600 (or 811).
- 2) Obtain a **Demolition Permit** from City of Shasta Lake Building Division by Submitting a Demolition Permit Packet.
- 3) **Contact Shasta County Environmental Health if there is septic on the property:** 530-225-5787 - You must obtain an OWTS permit.
- 4) **Notify Shasta Lake Electric Department:** 530-275-7445
- 5) **Notify Telephone Company** for service drop disconnect
- 6) **Contact PG&E** to schedule removal of gas meter and cap gas line
- 7) **Contact City of Shasta Lake Public Works** to remove Water Meter: 275-7455
- 8) **Cap Sewer Lateral at Property Line** (mark with ¾-inch pvc). For Assistance, contact City of Shasta Lake Public Works: 275-7455
- 9) **Request First Site Inspection before** backfilling utility lines: 275-7430
- 10) Install adequate **Erosion Control Measures** during wet weather
- 11) Request **Final Inspection**: 275-7430

FOR OFFICE USE ONLY

EMAIL or FAX TO THE FOLLOWING:

Pacific Gas & Electric	246-6508
Electric Department, Kevin Estabrook	275-7445
Utility Customer Service	275-7400
Public Works, Brian Quintana	275-7455
Shasta Lake Fire Protection District	275-7474

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled)					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
REMOVAL CONTRACTOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
IV. IS ASBESTOS PRESENT? (Yes/No)					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address:					
City:	State:	County:			
Site Location:					
Building Size:	# of Floors:	Age in Years:			
Present Use:		Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

(Date)