

TOWN OF PORTOLA VALLEY BUILDING PERMIT APPLICATION

NAME OF PROPERTY OWNER: _____

PROJECT ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

TELEPHONE: WORK: _____ HOME: _____ EMAIL: _____

ARCHITECT, DESIGNER OR ENGINEER: _____

MAILING ADDRESS: _____ CITY/ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

BUILDER'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

CONTRACTOR'S LIC. NO.: _____ PAGER/CELL: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

DETAILED PROJECT DESCRIPTION: _____

IS THE PROPERTY LOCATED WITHIN A FLOOD PLAIN? _____

IS THE PROPERTY ON SEPTIC OR SEWER? _____

PLEASE SPECIFY SQUARE FOOTAGE AND VALUATION OF EACH STRUCTURE:

Structure Type	Square Footage	\$ Valuation
New/Addition		
Remodel		
Detached Garage, Carport, Barn Guest House, etc (itemize each on reverse side)		
Basement		
Decks		
Foundation/Termite Repair	--	
Pool/Spa	--	
Re-Roof (itemize each building)		
Retaining Wall(s) (itemize each wall on reverse side)	(linear ft)	
Miscellaneous Structures or Demo (itemize each on reverse side)		

TOTAL ESTIMATED COST OF CONSTRUCTION: \$ _____

CONSTRUCTION TRAFFIC ROAD FEES: Total material (soil) import/export: _____ yd³

Worker's Compensation: A valid copy of a current worker's compensation insurance policy must be provided to the Town before any permit can be issued to a contractor. **All general and sub-contractors** must have a valid **Portola Valley Business License** prior to starting any work.

Signature: _____ Date: _____

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STRUCTURE ITEMIZATION

STRUCTURE TYPE	\$ VALUATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*If itemizing retaining walls, please include linear footage of each