



# City of Dixon Building Division

Dixon City Hall

600 East A Street

Dixon, CA 95620

Phone (707) 678-7000

RESIDENTIAL  COMMERCIAL (*Air District Questionnaire Required*)

PROJECT ADDRESS \_\_\_\_\_

Plan Check Amt Paid \$ \_\_\_\_\_

Receipt Number \_\_\_\_\_

### PROPERTY OWNER

OWNER-BUILDER:  YES  NO

AUTHORIZED AGENT ON OWNER'S BEHALF:  YES  NO

OWNER NAME:

AGENT NAME:

ADDRESS:

ADDRESS:

CITY/STATE/ZIP:

CITY/STATE/ZIP:

PHONE NUMBER:

PHONE NUMBER:

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_

### CONTRACTOR

NAME:

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_ CLASS(ES): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CITY OF DIXON BUSINESS LICENSE NUMBER: \_\_\_\_\_ PERMIT WILL NOT BE ISSUED WITHOUT NUMBER**

*Contractors doing work in the City of Dixon are required to purchase a business license.*

**WORKERS COMPENSATION:** Current workers compensation insurance policy number and carrier must be provided to the City of Dixon before any permit can be issued to a contractor.

PROJECT CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**JOB DESCRIPTION:** Please check all categories that apply and provide a brief description.

- Single Family       Secondary Dwelling       Re-Roof       Electrical/Mechanical/Plumbing (**Please Circle**)
- Duplex       Additions       Patio Cover       Other
- 3+ Units       Remodel       Pool/Spa

### NEW CONSTRUCTION

ASSESSOR'S PARCEL NO: 0 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 0 LOT NUMBER \_\_\_\_\_

### NEW RESIDENCES

Living Area \_\_\_\_\_ sq. ft.  
 Garage \_\_\_\_\_ sq. ft.  
 Porches \_\_\_\_\_ sq. ft.

### ADDITIONS

Remodeled Area \_\_\_\_\_ sq. ft.  
 New Living Area \_\_\_\_\_ sq. ft.  
 Total Area \_\_\_\_\_ sq. ft.

**DESCRIPTION** \_\_\_\_\_ **TOTAL CONTRACT COST \$** \_\_\_\_\_

I have received the Air District Questionnaire [ \_\_\_\_\_ ] Initials – Commercial ONLY

I have received the Owner-Builder/Smoke & Carbon Monoxide Alarms & Water Saving Fixtures Form [ \_\_\_\_\_ ] Initials

NAME: \_\_\_\_\_ (Please print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Owner, Contractor, or by Letter of Authority Only)

Contact Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_