



# City of Dixon Building Division

Dixon City Hall

600 East A Street

Dixon, CA 95620

Phone (707) 678-7005

building@cityofdixon.us

RESIDENTIAL	COMMERCIAL ( <i>Air District Questionnaire Required</i> )	Plan Check Amt Paid	\$ _____
PROJECT ADDRESS _____		Permit 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: / /
<b>CITY OF DIXON BUSINESS LICENSE NUMBER: _____ PERMIT WILL NOT BE ISSUED WITHOUT NUMBER</b> <i>Contractors doing work in the City of Dixon are required to purchase a business license.</i>	
<b>WORKERS COMPENSATION:</b> 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:
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**JOB DESCRIPTION:** Please check all categories that apply and provide a brief description.

- |               |                    |             |            |       |
|---------------|--------------------|-------------|------------|-------|
| Single Family | Secondary Dwelling | Re-Roof     | Electrical | Other |
| Duplex        | Additions          | Patio Cover | Mechanical |       |
| 3+ Units      | Remodel            | Pool/Spa    | Plumbing   |       |

**NEW CONSTRUCTION**

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

**NEW RESIDENCES**

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

**ADDITIONS**

Remodeled \_\_\_\_\_ sq. ft.  
 Area New Living \_\_\_\_\_ sq. ft.  
 Area 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)  
*(Owner, Contractor, or by Letter of Authority Only)*

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

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

Email: \_\_\_\_\_