



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.

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: _____

PERMIT TYPE: Please check all categories that apply and provide a brief description.

- Single Family Commercial New Re-Roof Mechanical Photovoltaic(Solar)
- Duplex/Multi Family Tenant Improvement Pool/Spa/Patio Cover Plumbing Demo
- ADU/Jr. ADU Remodel/Additions Shed/Garage/Utility Room Electrical Other _____

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.

JOB 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 _____