

TOWN OF LARKSPUR

Permit # _____ Date: _____

PROPERTY OWNER	BEST PHONE
PROPERTY ADDRESS	
MAILING ADDRESS IF DIFFERENT THAN PROPERTY ADDRESS	
EMAIL ADDRESS	

LIST CONTRACTOR INFORMATION BELOW

GENERAL Name and Address	PHONE State License# _____ Expiration Larkspur business License # _____
ELECTRICAL Name, Address & Phone	Larkspur Business License# _____ State License # _____ Expiration: _____
PLUMBING Name, Address & Phone	Larkspur Business License # _____ State License# _____ Expiration _____

Other Contractors _____

IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE BOXES

A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel \ Finish <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Movable Structure <input type="checkbox"/> Fence <input type="checkbox"/> Water Heater <input type="checkbox"/> HVAC <input type="checkbox"/> Other _____	C. Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Garage – Single ___ Double ___ Attached ___ Detached ___ <input type="checkbox"/> Carport – Attached ___ Detached ___ <input type="checkbox"/> Patio – Attached ___ Detached ___ <input type="checkbox"/> Basement – Partial ___ Full ___ Finished ___ Unfinished ___ <input type="checkbox"/> Fireplace – Masonry ___ 0-Clearance ___ <input type="checkbox"/> Other _____ If electrical work being done please list square footage of area: _____ sq ft	D Commercial <input type="checkbox"/> Shell Only <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel /Addition <input type="checkbox"/> Multi Family Residential – Enter number of units - _____ <input type="checkbox"/> Hotel, motel, or dormitory-Enter number of units - _____ <input type="checkbox"/> New Building <input type="checkbox"/> Electrical Valuation \$ _____
B. TOTAL VALUE \$ _____		
E. CONSTRUCTION TYPE <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____ F. HEATING FUEL TYPE <input type="checkbox"/> Gas LP or NG <input type="checkbox"/> Electricity <input type="checkbox"/> Solar <input type="checkbox"/> Other _____	G. Sewer Taps <input type="checkbox"/> EQR _____ H. Water Tap <input type="checkbox"/> Tap Size _____	I. SQUARE FOOTAGE Main Floor _____ Addition Floors _____ Basement _____ Crawlspace _____ Covered Porch _____ Decks _____ Garage _____ Other _____

J OTHER INFORMATION:

NOTICE

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Town and Building Codes governing location, construction and erection of the above-proposed work for which the permit is granted. The Town or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit.

Buildings **MUST** conform with plans, as submitted to the Town. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable.

SIGNATURE OF APPLICANT	APPLICATION DATE
APPROVED BUILDING INSPECTION DATE	APPROVED BY TOWN OFFICAL DATE

