



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:

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: -- --

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

Date:

Contact Phone #:

Cell Phone #

Email: