



# City of Oroville

COMMUNITY DEVELOPMENT DEPARTMENT

1735 Montgomery Street  
 Oroville, CA 95965-4897  
 (530) 538-2401 – FAX (530) 538-2426  
[www.cityoforoville.org](http://www.cityoforoville.org)

## PERMIT REVISION APPLICATION

<b>DATE OF APPLICATION:</b>				<b>BUILDING PERMIT #:</b>			
<b>JOB SITE INFORMATION &amp; LOCATION</b>				<b>LICENSED CONTRACTOR'S DECLARATION</b>			
APN:				I hereby affirm <i>under penalty of perjury</i> that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.			
Address:							
<b>TYPE OF WORK</b>				LICENSE NUMBER:			
<input type="checkbox"/>	Building	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Electrical	CLASS:	
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Other (explain)	EXPIRATION DATE:	
				<b>OFFICE USE ONLY</b>			
Complete Description of Work Revised:				<b>ADDITIONAL PLAN CHECK SUBMITTAL FEES</b>			
				Building Plan Review Fee			
				Energy Plan Review Fee			
				Fire Plan Review Fee			
<b>TYPE OF STRUCTURE</b>				Tech. Cost Recovery Submittal Fee			
<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>	Commercial/Industrial	Other			
<input type="checkbox"/>	Duplex/Multifamily	<input type="checkbox"/>	Single-Family Dwelling	<b>Sign Permit: Building Plan Review Fee</b>			
<input type="checkbox"/>	Other:			Planning Sign Plan Review Fee			
<b>ADDITIONAL CONSTRUCTION VALUATION:</b>				Check#		<b>Total</b>	
				Cash	<input type="checkbox"/>	CC	<input type="checkbox"/>
<b>PROPERTY OWNER</b>				<b>ADDITIONAL REVISION ISSUANCE FEES</b>			
Name:				Building/Electrical/Plumbing/Mechanical			
Address:				Fire Fees			
City/State/ZIP:				Green Fee			
Phone:	<input type="text"/>	Fax:	<input type="text"/>	Development Impact Fees			
Email:				Strong Motion Fee			
<b>CONTRACTOR</b>				Tech. Cost Recovery Issuance Fee			
Name:				Check#		<b>Total</b>	
Address:				Cash	<input type="checkbox"/>	CC	<input type="checkbox"/>
City/State/ZIP:							
Phone:	<input type="text"/>	Fax:	<input type="text"/>				
Email:							

*\*Additional paperwork to be completed prior to issuance*

**OFFICE USE ONLY**

**PLANNING DIVISION CLEARANCE (change of use or addition)**

General Plan:		Zoning:		Zone Conformity:	
Flood Zone:			Panel #		
Minimum Setbacks:					
Front Yard:		Rear Yard:		Side Yard:	
Minimum Parking Requirements					
Planning Project File#		Conditions:		Route to Planner?	
Notes:					
Signature:		Date:			
Soils Type:		Minor Addendum		Major Addendum	
TIME TRACKING/ NOTES (time unit examples .25, .5, .75, 1)					
Date	Name (initials)	Plan Check/ Administration			