



CITY OF SELMA

1710 TUCKER STREET · SELMA, CALIFORNIA 93662

Contractor/Building Permit User

The City of Selma at their March 19, 2007, City Council Meeting and their April 2, 2007, City Council Meeting passed Ordinance No. 2007-3 dealing with modifications to the City's "Garbage Regulations." Section 8-1-15 and 16 of the City Code requires any developer or business owner who need the use of Roll Off Bins for collection of construction debris or other uses and Portable Restrooms within the City of Selma to acquire those items for the City's exclusive Hauler, Selma Disposal and Recycling. The new ordinance became effective on April 30, 2007

If you are not currently using Selma Disposal & Recycling for these services you may contact the City's contracted waste Hauler Selma Disposal & Recycling to arrange for these services to be provided. You may contact **Selma Disposal & Recycling at (559) 891-7694.**

If you have any questions please call the City of Selma at (559) 891-2200.

Very truly yours,

D-B Heusser,
City Manager

Owner's Name/Contractor

Permit Address

Permit #

BUILDING (559) 891 - 2208 / PLANNING (559) 891 - 2209 / FAX # (559) 896-1068

Providing Quality Service With Pride and Commitment

CITY OF SELMA



1710 Tucker Street Selma, CA 93662
Tel. (559) 891-2208 FAX (559) 896-1068

APPLICATION FOR BUILDING PERMIT

DATE _____

TYPE OF PERMIT

BUILDING ELECTRICAL MECHANICAL PLUMBING
 FENCE POOL DEMO OTHER

SITE ADDRESS _____

PROPERTY OWNER

NAME _____ PHONE #:HOME _____

ADDRESS _____ PHONE #:WORK _____

CITY/STATE/ZIP _____ PHONE #: FAX _____

DETAILED DESCRIPTION OF WORK _____

VALUATION (MATERIALS/LABOR) OF PROPOSED WORK \$ _____

SQ. FOOTAGE: LOT HOUSE GARAGE PATIO/PORCH ADDITION

APPLICANT'S SIGNATURE: _____

PERSON PERFORMING WORK:

OWNER/BUILDER? YES _____ NO _____

If Owner is not performing the work please provide the following contractor information:

CONTRACTOR INFORMATION:

NAME: _____ PHONE : WORK: _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

CONTRACTOR'S LICENSE # _____ EXP. DATE _____ CLASS _____

ARCH/DESIGNER: _____ PHONE # _____ FAX # _____

E-MAIL ADDRESS _____

SMOKE DETECTORS ARE REQUIRED IN SPECIFIED LOCATIONS OF ALL RESIDENCES IF VALUATION EXCEEDS \$1,000

FOR BUILDING DEPARTMENT USE ONLY

ZONING _____	OCCUPANCY _____	OCC CODE _____	MANUAL VAL <u>Y / N</u>
PLAN CHK <u>Y / N</u>	INVESTIGATION <u>Y / N</u>	PLUMBING _____	POLICE: <u>Y / N</u>
		ELECTRICAL _____	FIRE: <u>Y / N</u>
SEWER <u>Y / N</u>	SCHOOL FEES <u>Y / N</u>	MECHANICAL _____	GENERAL FAC: <u>Y / N</u>
			PUBLIC FAC: <u>Y / N</u>
TRAFFIC MITIGATION FEE <u>Y / N</u> (MEASURE C)		COMMERCIAL LIFE & SAFETY <u>Y / N</u>	

SPECIAL FEES:

SEE ATTACHED LIST