



City of Morro Bay
Community Development Department
Building Division
 955 Shasta Avenue
 Morro Bay, CA 93442
 (805) 772-6261
www.morrobayca.gov

For Office Use Only

- Planning Fire
 Building Harbor
 Public Works

Application Number: _____

EXPRESS Building Permit Application

This application is applicable to the following permit types only:

Check applicable box(s).

Electrical Solar/ESS Mechanical Plumbing Re-roof Siding Windows

Shower Pan Other _____

Addendum No. ____ to Permit No. _____ **STAFF: TRACK TIME** _____

Project Information:

Project Valuation _____

Project Address: _____

Project Description (if addendum, list changes): _____

Property Owner: _____

Mailing Address: _____ Phone Number: _____

_____ e-mail: _____

Agent: _____

Mailing Address: _____ Phone Number: _____

_____ e-mail: _____

Contractor: _____

Mailing Address: _____ Phone Number: _____

_____ e-mail _____

Contractor State License No: _____ Expiration _____

Morro Bay City Business License _____ Expiration _____

Worker's Compensation Insurance:

Type: _____ Policy Number: _____ Company: _____ Expiration: _____

Consent of Landowner Form

I (we) the undersigned owner of record for the parcel of land located at (address) _____, identified as Assessor Parcel Number (APN) _____, for which a building permit is being filed with the City, do hereby certify that:

1. Such application may be filed and processed with my (our) full consent, and I (we) have authorized the agent named below to act as my (our) agent in all contacts with the City and to sign for all necessary permit applications in connection with this matter. Building Permits shall be issued to a licensed contractor or an owner/builder.

2. I (we) hereby grant consent to the City of Morro Bay, its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property above to conduct all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the City, their officers, agencies, employees, independent contractors, consultants, sub-consultants and their officers, agents, or employees if the other governmental entities are providing review, inspections, and surveys to assist the City in processing this application. This consent will expire upon the completion of the project.

Property Owner			
Name	Phone Number	Email	
Mailing Address	City	State	Zip Code
Signature of Property Owner			

Required Owner Signature Verification: A copy of the property owner’s driver’s license, notarization, signed company contract, digital certificate or confirmation of digital signature or other acceptable verification is required to be presented to verify the property owner’s signature.

Authorized Agent			
Name	Phone Number	Email	
Mailing Address	City	State	Zip Code
Signature of Authorized Agent			

BEFORE A PERMIT APPLICATION CAN BE ACCEPTED, THIS FORM MUST BE COMPLETED AND SIGNED BY THE PROPERTY OWNER AND RETURNED TO THE AGENCY RESPONSIBLE FOR ISSUING THE PERMIT.