



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