



APPENDIX B ACKNOWLEDGMENT

City of Sebastopol Building Department
7425 Bodega Avenue
Sebastopol, CA 95472
(707) 823-8597

OFFICE USE ONLY
PERMIT NO.: _____

PROPERTY/PERMIT INFORMATION

Site Address: _____ Permit Number: _____

Commercial: Tenant name, and Suite Number: _____

Brief Work Description: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

CONTRACTOR: _____

LICENSE #: _____ CLASS _____ EXP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

SITE SUPERVISOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE

I hereby affirm under penalty of perjury that I have read Sonoma Health Order Appendix B (small construction) and will abide by the construction site protocols therein.

APPLICANT SIGNATURE PRINT NAME DATE

I represent the: Owner Contractor Authorized Agent (Please provide a signed "Agent Authorization Form" or letter)