



APPLICATION FOR REQUEST OF ESSENTIAL CONSTRUCTION

(PER MARIN COUNTY HEALTH OFFICER ORDER DATED 03/31/2020)

Property Owner:	Signature:
Property Address:	
Is the proposed work under a current building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Permit Number:	
Proposed work is deemed essential based on Marin County Health Order Section: _____	
Description of proposed work and life/safety concerns:	
Is this work required by utility districts, fire districts, or any other governmental authorities requiring immediate replacement or repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach written approval.	

Applicant:

___ Property Owner

___ Contractor - License Number: _____

___ Architect/Engineer (provide stamp)

Applicant Name: _____

Applicant Signature: _____ **Date:** _____