

City of Rio Dell
Community Development Department
Building Division

675 Wildwood Avenue

Rio Dell, CA. 95562

PHONE: (707) 764-3532; FAX: (707) 764-5480



Siding & Window Compliance Certification Form

Job Address:

Date Permit Issued:

APN:

Permit No.:

Receipt No.:

APPLICANT: (Individual to be contacted regarding status?) ☐ Owner ☐ Contractor ☐ Arch/Design ☐ Engineer

Applicant & CO. Name: _____ Phone #: _____

Mailing Address: _____ Fax#: _____

City/State/Zip: _____ E-mail: _____

PROPERTY OWNER:

Name: _____ Phone #: _____

Mailing Address: _____ Fax#: _____

City/State/Zip: _____ E-mail: _____

Will the Owner have any Employee's working on the jobsite? ☐ Yes ☐ No

If "Yes" provide copy of Workman's Compensation Insurance Policy

CONTRACTOR: (As on License)

Contractor's Name: _____ Phone #: _____

Mailing Address: _____ Fax#: _____

City/State/Zip: _____ E-mail: _____

California State License: _____ License Class: _____ Exp. Date: _____

Workman's Compensation Insurance Policy Number: _____ On file with CSLB? ☐ Yes ☐ No

Insurance Co.: _____ City/State/Zip: _____

I certify that the siding, including sheathing, underlayment (i.e. Tyvek) materials and the miscellaneous flashing and windows for the above site address were installed per the manufacture's specifications, and according to the currently adopted 2019 California Residential Code.

☐ Owner:

Signature: _____ Date: _____

☐ Contractor:

Signature: _____ Date: _____