



DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

Web: building.co.shasta.ca.us Email: resourcemanagement@co.shasta.ca.us

CONTRACTOR/OWNER TIEDOWN SELF CERTIFICATION

(Rev: 07-28-20)

Date: _____

PERMIT# _____

Project Address: _____

The following is to be completed by A **California licensed contractor or property owner** participating in the Shasta County Self-Certification Program **when installing a Accessory Structure tie down's**.

Contractor's Name: _____ License No. _____

Contractor's Mailing Address: _____ Phone # (required): _____

Contractor's Email: _____ FAX #: _____

INSTALLER

I certify that the installation is in compliance with applicable code requirements and manufactures specifications. I hereby affirm under penalty of perjury and under the laws of the State of California that I am licensed to perform work under provisions of the Business and Professions Code, and my license is in full force and effect.

Installer's Signature

Date

- OR -

PROPERTY OWNER

As the property owner of the project address noted above, I have read, understand and agree to participate in the System Self-Certification Program. I further understand that by participating in this program, the tie down system will not be inspected by a Shasta County Building Inspector during construction or after installation. The Building Division may request and reserves the right to verify code compliance after the installation is complete.

Property Owner's Signature

Date

Print Name

Email

This form must be completed and returned to the Department of Resource Management, Building Division, for a final approval. Please return this form to the Building Division by mail or fax.

Please mail to: Shasta County Department
Department of Resource Management
Building Division
1855 Placer street, Suite 102
Redding, CA 96001