



CONSTRUCTION EARLY START REQUEST FORM

PLANNING & COMMUNITY DEVELOPMENT
BUILDING & SAFETY DIVISION

Location/Address: _____ Permit #: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone: _____ Email: _____

Project Manager Name: _____

Project Manager Phone: _____ Email: _____

Date(s) of work/Duration: _____

Requested time: _____ Distance to nearest residence: _____

Reason for starting work before 7:00am:

Type of work being performed:

What will be done to reduce noise before 7:00am:

NOTE: If noise complaints are received, the approval for an early start will be rescinded by the Building Official.

Reviewed by: _____ Date: _____
Supervising Building Inspector

Approved by: _____ Date: _____
Chief Building Official

Fax or email completed form to Larry Riordan lriordan@santacruzca.gov