



APPLICATION FOR BUILDING PERMIT

PLEASE FILL OUT COMPLETELY IN INK.

Job Address: _____ City _____ Case #: _____

Unit/Floor: _____ Zip: _____ Date: _____

Existing Uses: RESIDENTIAL COMMERCIAL INDUSTRIAL INSTITUTIONAL Proposed Use: _____

Change of Use? YES NO Square Footage: _____ Valuation: \$ _____

Description of Work: _____

Name of Tenant: _____ Telephone: [] _____

BUILDING PERMITS

| | | |
|--|---|---------------------------------|
| NEW | SOLAR (BMN) | STUCCO / SIDING |
| ADDITION | PHOTOVOLTAIC < 100 KILO VOLT AMPS | <UP TO 5,000 SQ/FT |
| REMODEL | PHOTOVOLTAIC >100 KILO VOLT AMPS | >OVER 5,000 SQ/FT |
| CONVERSION | SIGNS (BMN) | WINDOW REPLACEMENT |
| FOUNDATION ONLY | NEW SIGNS (NON-ELECTRICAL - ALL TYPES): | HOW MANY WINDOWS? |
| AFTER THE FACT PERMIT/OTHER | HOW MANY? | SWIMMING POOL / SPA |
| OTHER | NEW ELECTRICAL SIGNS (ALL TYPES): | TEMPORARY STRUCTURE |
| GRADING (BLD) | HOW MANY? | WIRELESS TOWER / ANTENNA |
| HILLSIDE / NON-HILLSIDE | RE-ROOF | GRANDSTANDS |
| DEMOLITION (DEM) FULL / PARTIAL | HOW MANY SQUARES? | TEMPORARY STRUCTURE |

PLEASE FILL OUT COMPLETELY IN INK.

CONTACT PERSON/AGENT: _____ Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

PROPERTY OWNER: _____ Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

Tenant Name: _____

CONTRACTOR: COMPANY NAME Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

State License No.: _____ Email: _____ Zip: _____

ARCH/ENG: _____ Telephone: [] _____ Fax: [] _____

Address: _____ City: _____ State: _____

State License No.: _____ Email: _____ Zip: _____

CERTIFICATION: Single-Family Residential property Lines & Setback: I hereby assume all responsibility for ensuring the location of property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

I certify that I have filled out this application completely and state that the above information is true.

SIGN BELOW

SIGNATURE OF APPLICANT OR AGENT: _____ **Date:** _____

| | | | | | | | |
|--------------------------|-------|------------------------|-------|-----------------------------------|-------|-------------|-------|
| * OFFICE USE ONLY | | | | OVER THE COUNTER APPROVALS | | | |
| BUILDING | n / c | ZONING APPROVAL | n / c | D & HP APPROVAL | n / c | FIRE | n / c |
| | | | | | | | |

**CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.
LICENSED CONTRACTORS DECLARATION**

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number: _____ License Class _____

Contractor: _____ Date: _____

I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting my professional capacity (Section 705 I, Business and Professions Code).

License/Registration Number: _____ Date: _____

**OWNER - PLEASE FILL OUT COMPLETELY IN INK.
OWNER-BUILDER DECLARATION**

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 703 I.5, Business and Professions Code):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

SIGN BELOW

Applicant: _____ Date: _____

**CONTRACTOR - PLEASE FILL OUT COMPLETELY IN INK.
WORKER'S COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following:

I have and will maintain a certificate of consent to self insure for workers' compensation, as provided for by section 3700 of the Labor Code, for the performance of the work for which this permit is issued; or

I have and will maintain workers' compensation insurance, as required by Section 370.0 of the Labor Code, for the performance of the work for which this permits is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

(This section need not be completed if the permit being issued by the City is for one hundred dollars (\$100) or less); or

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

SIGN BELOW

Applicant: _____ Date: _____

*WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

CONSTRUCTION LENDING AGENCY

hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (sec. 3097, C)

Lender's Name: _____

Lender's Address: _____

I certify that I have read this application and state that the above information is correct, I agree to comply with all city ordinances and State laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

SIGN BELOW

SIGNATURE OF APPLICANT OR AGENT: _____ **DATE:** _____