

## APPLICATION FOR BUILDING PERMIT

	•	
	City	
Jnit/Floor: Zip	: Date:	
Existing Uses:   RESIDENTIAL   COMMERCIA	al Dindustrial Dinstitutional <b>Proposed</b>	I Use:
Change of Use?   YES   NO   Square Foo	otage:	Valuation: \$
Description of Work:		
Name of Tenant:	т	elephone: [ ]
BUILDING PERMITS		
NEW	SOLAR (BMN)	STUCCO / SIDING
ADDITION	PHOTOVOLTAIC < 100 KILO VOLT AMPS	<up 5,000="" ft<="" sq="" td="" to=""></up>
REMODEL	PHOTOVOLTAIC >100 KILO VOLT AMPS	>OVER 5,000 SQ/FT
CONVERSION	SIGNS (BMN)	WINDOW REPLACEMENT
FOUNDATION ONLY	NEW SIGNS (NON-ELECTRICAL - ALL TYP	
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		] Fax: [ ]
CONTACT PERSON/AGENT:	Telephone: [	State:
CONTACT PERSON/AGENT:	Telephone: [ City:	State: Zip:
CONTACT PERSON/AGENT:	Telephone: [ City: Email: Telephone: [	State:
CONTACT PERSON/AGENT:	Telephone: [ City:  Email: Telephone: [ City:	State:
CONTACT PERSON/AGENT:	Telephone: [ City:  Email: Telephone: [ City:	State:
CONTACT PERSON/AGENT:  Address:  PROPERTY OWNER:  Address:	Telephone: [	State:
Address:Address:Address:	Telephone: [	State:
CONTACT PERSON/AGENT:	Telephone: [	State:
CONTACT PERSON/AGENT:	Telephone: [	State:
CONTACT PERSON/AGENT:	Telephone: [	
CONTACT PERSON/AGENT:  PROPERTY OWNER:  Address:  CONTRACTOR:  COMPAN  Address:  tate License No.:	Telephone: [ City:  Email:  Telephone: [ City:  City:  Email:  Tenant Name:  Y NAME	Fax: [ ]State:
Address:  CONTACT PERSON/AGENT:  PROPERTY OWNER:  Address:  CONTRACTOR:  COMPAN  Address:  State License No.:  ARCH/ENG:  Address:	Telephone: [	State:
CONTACT PERSON/AGENT:  Address:  PROPERTY OWNER:  Address:  COMPAN  Address:  tate License No.:  ARCH/ENG:  tate License No.:  tate License No.:	Telephone: [	State:
CONTACT PERSON/AGENT:  Address:  COMPAN Address:  COMPAN Address:  Late License No.:  Late License No.:  CERTIFICATION: Single-Family Residentianes and/or setbacks as indicated on the approperoved submittals.	Telephone: [ City:	State:  Zip:  State:  Zip:  State:  Zip:  Fax: [ ]
Address:  PROPERTY OWNER: Address: COMPAN Address: Contractor: Compan Address: Compan Address: Compan Address: Compan Compan Address: Compan C	Telephone: [ City:  Email: Telephone: [ City:  City:  Email:  Tenant Name:  Y NAME Telephone: [ City:  Email:  Telephone: [ City:  Email:  Telephone: [ City:  All property Lines & Setback: I hereby assume all property Lines & S	State:  Zip:  State:  Zip:  State:  Zip:  Fax: [ ]
Address:  CONTACT PERSON/AGENT:  Address:  COMPAN Address:  COMPAN Address:  Compan Co	Telephone: [ City:  Email: Telephone: [ City:  Email:  Tenant Name:  Y NAME	State:  Zip:  State:  State:  Zip:  State:  Zip:  State:  Zip:  State:  Zip:  I responsibility for ensuring the location of proper necessary corrective actions if different from the
Address:  CONTACT PERSON/AGENT:  Address:  COMPAN Address:  COMPAN Address:  Compan Co	Telephone: [ City:  Email: Telephone: [ City:  Email:  Tenant Name:  Y NAME	State:  Zip:  State:  State:  Zip:  Fax: [ ]

## **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:	
$\Box$ I am exempt from the licensing requirements as I am a licensed architec (Section 705 I, Business and Professions Code).	t or a registered professional engineer acting my professional capacity	
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	e following reason (Section 7031.5, Business and Professions Code):	
$\hfill \square$ I, as owner of the property, or my employees with wages as their sole of for sale (Section 7044, Business and Professions Code).	compensation, will do the work and the structure is not intended or offered	
$\hfill \square$ 1, as owner of the property, am exclusively contracting with licensed co Code).	ntractors to construct the project (Section 7044, Business and Professions	
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:		
$\hfill \square$ I have and will maintain a certificate of consent to self insure for worker the performance of the work for which this permit is issued; or	rs' compensation, as provided for by section 3700 of the Labor Code, for	
$\Box$ 1 have and will maintain workers' compensation insurance, as required which this permits is issued. My workers' compensation insurance carrier and the second		
Carrier:	Policy Number:	
(This section need not be completed if the permit being issued by the City is for one h	undred dollars (\$100) or less); or	
	sued, I shall not employ any person in any manner so as to become subject d become subject to the workers' compensation provisions of Section 3700	
SIGN BELOW		
Applicant:	Date:	
*Warning: Failure to secure worker's compensation coverage is unlawful, at hundred thousand dollars (\$100,000), in addition to the cost of compensation attorney's fees.		
CONSTRUCTION LENDING AGENCY hereby affirm that there is a construction lending agency for the performance	e 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 informatic relating to building construction, and hereby authorize representatives of th purposes.		
SIGN BELOW		
SIGNATURE OF APPLICANT OR AGENT:	DATE:	