



Planning and Building Services PERMIT APPLICATION FORM

Permit # _____

Accepted By: _____
(Office Use Only)

Only property owners, licensed contractors or agents with written authorization may obtain permits.

(Please mark all that apply)

- | | | | |
|--------------------------------------|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> INDUSTRIAL |
| <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Repair/Replace | <input type="checkbox"/> Demolition |
-
- | | | | | | |
|---|---|---|--|---|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi Family | <input type="checkbox"/> Second Residence | <input type="checkbox"/> Manufactured | <input type="checkbox"/> Modular/MFG Unit | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Occupancy Change | <input type="checkbox"/> Ag Exempt | <input type="checkbox"/> Class K | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Deck/Patio Cover | <input type="checkbox"/> Garage/Storage |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Window Change |
| <input type="checkbox"/> Reroof | <input type="checkbox"/> Reroof/Sheathing | <input type="checkbox"/> Solar | <input type="checkbox"/> Other: _____ | | |

Project Address: _____ APN: _____

Nearest Cross Street or Intersection: _____ Parcel Size: _____ ac/sf

Complete scope of work: _____

Valuation: \$ _____

		Existing	Proposed		
Residential				Grading	
<input type="checkbox"/>	Living Area		sf	Cut _____ (cy)	Fill _____ (cy) Slope _____
<input type="checkbox"/>	Garage/Storage		sf	Area of disturbance _____ (sf)	
<input type="checkbox"/>	Deck		sf	Utilities:	
<input type="checkbox"/>	Porch		sf	<input type="checkbox"/> Well	
<input type="checkbox"/>	Carport		sf	<input type="checkbox"/> Septic	
<input type="checkbox"/>	Remodel		sf	<input type="checkbox"/> Public: _____	
<input type="checkbox"/>	Other		sf	Will you or your contractor perform any of the following?	
Commercial				<input type="checkbox"/> Construct new driveway?	
<input type="checkbox"/>	Office		sf	<input type="checkbox"/> Construct new road approach?	
<input type="checkbox"/>	Medical		sf	<input type="checkbox"/> Upgrade or improve existing driveway?	
<input type="checkbox"/>	Retail		sf	<input type="checkbox"/> Upgrade or improve existing road approach?	
<input type="checkbox"/>	Restaurant		sf	<input type="checkbox"/> Install or replace culvert in roadside ditch?	
<input type="checkbox"/>	Warehouse		sf	<input type="checkbox"/> Install utilities or their services in County Right-of-Way?	
<input type="checkbox"/>	Other		sf	<input type="checkbox"/> Trim or remove any trees within County Right-of-Way?	
<input type="checkbox"/>	Explain _____		sf	<input type="checkbox"/> Will not be performing any of the above actions.	
Size of Structure: _____ sf				Are there any other buildings on the site? If so, please describe: _____	
Total # of Bedrooms: _____ Existing _____ Proposed _____				_____	
If Mobile Home, Year: _____ Make: _____				_____	
Model: _____ Serial #: _____				_____	

Applicant Information: Please check the appropriate box for the primary contact

-
- AGENT
-
- PROPERTY OWNER
-
- CONTRACTOR
-
- ARCHITECT/ENGINEER

Agent Name: _____ Telephone: _____ Email: _____

Address: _____ City/State/Zip: _____

Property Owner Name: _____ Telephone: _____ Email: _____

Address: _____ City/State/Zip: _____

 OWNER/BUILDER? *Proof of Ownership may be required

Contractor Name: _____ Telephone: _____ Email: _____

Address: _____ City/State/Zip: _____ License # and Class _____

Architect/Engineer Name: _____ Telephone: _____ Email: _____

Address: _____ City/State/Zip: _____ License/Registration # _____

Waste Management-Recycling Plan

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- Yes -I understand that a Construction Waste Management Plan is required for all construction permits of 2,000 sf or more and all demolition permits.

LICENSED CONTRACTOR DECLARATION: I hereby affirm under penalty of perjury that I am licensed under the 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.

Date: _____ Contractor Signature: _____

OWNER/BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

I, as owner of the property, or my employees with wages as their sole compensation, will do () all of OR () portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Date: _____ Owner Signature: _____

WORKER S' COMPENSATION DECLARATION: *Please read carefully and check the applicable statement below:*

WARNING: FAILURE TO SECURE WORKERS' 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.

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

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: Carrier _____ Policy No _____ Expiration Date _____

Name of Agent _____ Phone Number _____

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.

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy Number _____

CONSTRUCTION LENDING AGENCY:

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code). N/A

Lender's Name _____

Lender's Address _____

By my signature below, I certify to the following: I am () a California licensed contractor or () the property owner* or () authorized to act on the property owner's behalf**. I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

TIME LIMITATIONS OF APPLICATION: *An application for a permit for any proposed work shall be deemed to have been abandoned 1 year after the date of filing, unless a permit has been issued. The destruction of documents may occur 180 days after application expiration date.*

Date: _____ SIGNATURE OF APPLICANT: _____

* Requires Separate Owner Verification

**Requires Separate Agent Authorization Form