



# BUILDING PERMIT APPLICATION

1 TWIN PINES LANE  
BELMONT CA 94002

PERMIT NUMBER \_\_\_\_\_

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY

DATE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

**PROPERTY OWNER:**

**APPLICANT:**  OWNER  TENANT  ARCHITECT  DESIGNER  ENGINEER  
 AGENT FOR OWNER  AGENT FOR CONTRACTOR

NAME: \_\_\_\_\_

LICENSE / REGISTRATION #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TENANT COMPANY NAME: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Jurisdictions may require written approval from the owner.

CONTRACTOR  OWNER - BUILDER \* REQUIRES PROPERTY OWNER PACKAGE

LICENSE# \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY BUSINESS LICENSE? Y ( ) N ( )

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury 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.

DATE: \_\_\_\_\_ CONTRACTOR SIGNATURE: \_\_\_\_\_

**WORKERS' COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

- 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.
- 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. (This section need not be completed if the permit is for one hundred dollars (\$100) or less.)
- 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.

DATE: \_\_\_\_\_ CONTRACTOR SIGNATURE: \_\_\_\_\_

**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), addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

SIGNATURE OF APPLICANT: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

OWNER  AGENT FOR OWNER  CONTRACTOR  AGENT FOR CONTRACTOR  ARCHITECT  DESIGNER  ENGINEER

\*\*\*PLAN CHECK COMMENTS, IF ANY, WILL BE SENT TO THE APPLICANT\*\*\*

OVER

DESCRIPTION OF WORK: (FILL IN AND MARK ALL THAT APPLY)

RESIDENTIAL     COMMERCIAL/INDUSTRIAL

**CONSTRUCTION VALUATION:** \$ \_\_\_\_\_

- NEW BUILDING    ADDITION    ALTERATION    DEMO    TENANT IMPROVEMENT    SIGN    DECK    SWIMMING POOL    SOLAR  
 RETAINING WALL    REPAIR/REPLACE (EXPRESS PERMIT)    OTHER \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Area: \_\_\_\_\_ Sq.Ft.    Building Height: \_\_\_\_\_ Ft.    Stories: \_\_\_\_\_  
Lot Size (Sq.Ft.): \_\_\_\_\_ Lot Dimension (Front/Side/Rear): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Coverage %: \_\_\_\_\_  
Setbacks: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

**EXISTING:**

FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

**PROPOSED:**

FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_ EMAIL \_\_\_\_\_