



# BUILDING PERMIT APPLICATION

Please print clearly and fill in all that apply.

Date: \_\_\_\_\_

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

PROPERTY OWNER  TENANT

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

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

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

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

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

Jurisdictions may require written approval from the owner.

ARCHITECT  DESIGNER  ENGINEER

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

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

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

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

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

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

CONTRACTOR

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

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

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

CITY/STATE/ZIP: \_\_\_\_\_ CITY BUSINESS LICENSE #: \_\_\_\_\_

**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: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

**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.

SIGNATURE OF APPLICANT OR AGENT: \_\_\_\_\_

OWNER  CONTRACTOR  ARCHITECT  DESIGNER  ENGINEER  AGENT

\*\*\* PLAN CHECK COMMENTS, IF ANY, WILL BE SENT TO THE APPLICANT. \*\*\*\* DATE: \_\_\_\_\_

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

BUILDING PERMIT APPLICATION PAGE 2

NONRESIDENTIAL     RESIDENTIAL

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

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

Building Area: \_\_\_\_\_ Sq.Ft.    Building Height: \_\_\_\_\_ Ft.    Stories: \_\_\_\_\_

EXISTING: FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_

PROPOSED: FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Lot Size (Sq.Ft.): \_\_\_\_\_ Lot Dimension (Front/Side/Rear): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Coverage %: \_\_\_\_\_

Setbacks: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

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