

FOR APPLICANT TO FILL IN		JOB ADDRESS	
New Residential Bldgs. & Pools		TRACT	LOT
1&2 Family, sq. ft. _____ \$	NEAREST CROSS STREET	
Multi-family, sq. ft. _____	OWNER OR FIRM NAME	
Residential Swimming Pools		MAIL ADDRESS	
Outlets: Rec. ___ Lights ___ Sw ___ First 20		CITY	TEL. NO.
Total No. _____ Additional		PLAN CHECK APPLICANT ADDRESS	
Lighting Fixtures First 20		CITY	TEL. NO.
Total No. _____ Additional		PERMIT APPLICANT ADDRESS	
Residential Appliances Not Over 3 HP		CITY	TEL. NO.
Other Appliances Not Over 3 HP		LICENSE OR REG. NUMBER	CLASS PROCESSED BY
Power Apparatus & Large Appliances Size & Type HP, KW, KVA & KVAR		FINAL DATE	
_____ Over 3 to 10 incl.		FINAL BY	
_____ Over 10 to 50 incl.			<u>VALIDATION</u>
_____ Over 50 to 100 incl.			
_____ Over 100			
Services, Switches, MCC & Panelboards 0 - 399 Amp. Under 600 V			
400 - 1000 Amp. Under 600 V			
Over 1000 Amp or Over 600 V			
BRANCH CIRCUIT FEES			
15A, OR 20A, 120V, Lighting or Recept			
_____ 1 to 10 Branch Circuits			
_____ 11 to 40 Branch Circuits			
_____ 41 or more Branch Circuit			
15A, 20A, 200Y to 277Y Br. Circuits			
Temp. Power Pole & Appurtenance			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conduits & Conductors			
Other (See Complete Fee Schedule)			
PERMIT FEE	(Sub-Total)		
PLAN CHECKING FEE			
PERMIT ISSUING FEE			
TOTAL FEE			

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____
 Certified copy is hereby furnished
 Certified copy is filed with the city building inspection department.

Date _____ Applicant _____
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
 (This section need not be completed if the work involved by 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.

Date _____ Applicant _____
NOTICE TO APPLICANT: If after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

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 _____ Lic. Class _____
 Contractor _____ Date _____

I am exempt from the Licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

HOME OWNER-BUILDER DECLARATION
 I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7031.5, 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).

CONSTRUCTION LENDING AGENCY
 I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civ. C.).

Lender's Name _____
 Lender's Address _____

I certify that I have read this application and state 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.

Signature of Permittee _____ Date _____