

# BUILDING PERMIT APPLICATION

This application may be used in any city or county jurisdiction within the counties of:

San Francisco, San Mateo, Santa Clara, and portions of: Monterey, Santa Cruz, San Benito, Alameda, and Contra Costa



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

Application/Permit Number: \_\_\_\_\_

Plan Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_

*Please print clearly and fill in all that apply.*

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

PROPERTY OWNER

TENANT

ARCHITECT

DESIGNER

ENGINEER

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

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

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

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

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

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

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

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

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

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

Jurisdictions may require written approval from the owner.

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

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CONTRACTOR

OWNER-BUILDER

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

PHONE #: (\_\_\_\_) \_\_\_\_\_

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

FAX#: (\_\_\_\_) \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

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

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 : \_\_\_\_\_

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom 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, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such 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 he or she did not build or improve for the purpose of sale.)

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

I am exempt under Sec. \_\_\_\_\_, B.&P.C. for this reason: \_\_\_\_\_

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

**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, 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. My workers' compensation insurance carrier and policy number are:

CARRIER: \_\_\_\_\_ POLICY# \_\_\_\_\_

(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.

**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 (Sec. 3097, Civ. C.).

Lender's Name: \_\_\_\_\_ Lender's Address: \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

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

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

BUILDING PERMIT APPLICATION WORKSHEET

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY.

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ ZONE: \_\_\_\_\_ FIRE SPRINKLERS  YES  NO

HAZARDOUS MATERIALS: YES  NO  EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

ASSESSOR'S PARCEL#: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

DESCRIPTION OF WORK: (Please fill-in and mark all that apply)

CONSTRUCTION VALUATION: \$ \_\_\_\_\_ (Mandatory field)

NONRESIDENTIAL  RESIDENTIAL

- New Building  Addition  Alteration  Termite/Dry Rot Repair  Demolish
 Move Building  Fire Sprinklers  Sign  Foundation Only  Chimney Repair
 Tenant Improvement  Swimming Pool/Spa  Fire Repair  Repair / Retrofit  Tree Removal
 Other \_\_\_\_\_  Combination Permit (Additional Information may be required)

Description: \_\_\_\_\_ (Mandatory field)

DESCRIPTION OF BUILDING: (Please fill-in and mark all that apply)

- Office/Bank/Professional  Single Family  Duplex  Townhouse  Condominium  Apartment Building
 Hotel/Motel  Amusement/Recreation  Industrial  Service Station  Medical Building
 Restaurant  Accessory Building  Historical  Educational /School
 City/County Owned  Church/Assembly  Store  Other \_\_\_\_\_

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

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

ADDITIONAL 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: \_\_\_\_\_

Easements: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ ALUC: \_\_\_\_\_  SEWER  SEPTIC  WATER WELL: YES  NO  Check one

OFFICE USE ONLY

PLAN CHECK?  YES  NO  EXPRESS PLAN CHECK

- ROUTE TO:  Residential Building Plan Checker  Commercial Building Plan Checker  Transportation
 Planning  Engineering/Grading  BAAQMD
 Fire  Water Department  Environmental Health
 Park & Recreation  Housing  Utilities
 Sewer  NPDES  Other: \_\_\_\_\_

- HAZARDOUS MATERIALS  YES  NO
PLANNING APPROVAL  YES  NO
SOILS REPORT REQUIRED  YES  NO
SEWER FEES REQUIRED  YES  NO
GRADING PLANS REQUIRED  YES  NO
OTHER \_\_\_\_\_
SCHOOL FEES REQUIRED  YES  NO
TITLE 24 CALCS. REQUIRED  YES  NO
ENGINEERING CALCS. REQUIRED  YES  NO
SPECIAL INSPECTION REQUIRED  YES  NO
NEW CERTIFICATE OF OCCUPANCY  YES  NO

VERIFY WORKERS COMPENSATION EXPIRATION DATE: \_\_\_\_\_