

**City of Angels**  
Building Department  
200 Monte Verda St., Ste B Angels  
Camp, CA 95222  
Phone: (209) 736-1346

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

Building Permit Number: \_\_\_\_\_

## Application for Building Permit

(Must be complete, legible and accurate)

### Building Type

☐ Commercial ☐ Industrial  
☐ Residential ☐ Other \_\_\_\_\_

### Project Type

☐ Electrical ☐ Plumbing  
☐ Mechanical ☐ Other \_\_\_\_\_

### Water Heater

☐ Like for Like ☐ Tankless\*  
\*requires gas or electric load calc

### Photovoltaic

☐ New ☐ Revision ☐ Panel Upgrade  
☐ Modules \_\_\_\_\_ ☐ kW \_\_\_\_\_

**Project Description:** \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ A.P.N.: \_\_\_\_\_

LOT#: \_\_\_\_\_ USE: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ PROJECT SQ. FT: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_

Job Contact: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ Email: \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

PHONE: \_\_\_\_\_

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

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

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

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

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

CONTRACTOR LICENSE NO: \_\_\_\_\_

CONTRACTOR CLASS: \_\_\_\_\_

CITY BUSINESS  
LICENSE: \_\_\_\_\_

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

### APPROVAL REQUIRED FROM PLANNING DEPARTMENT

|                           |                        |                        |
|---------------------------|------------------------|------------------------|
| <u>Subdivision:</u>       |                        | <u>Zone:</u>           |
| <u>Setbacks/ Front:</u>   | <u>Setbacks/ Side:</u> | <u>Setbacks/ Rear:</u> |
| <u>Between Buildings:</u> | <u>House/ Pool:</u>    | <u>Other:</u>          |
| <u>Comments:</u>          |                        |                        |
| <u>Approved By:</u>       | <u>Date:</u>           |                        |

### PERMIT FEES

|                    |    |                  |    |                |    |
|--------------------|----|------------------|----|----------------|----|
| Building Permit    | \$ | GPM              | \$ |                | \$ |
| Plan Check         | \$ | CDD Plan Check   | \$ |                | \$ |
| Plan Check DEPOSIT | \$ | Green Fee SB1473 | \$ |                | \$ |
| SMI                | \$ |                  | \$ |                | \$ |
| PME                | \$ |                  | \$ | TOTAL Fees Due | \$ |

ADDITIONAL FEES MAY BE REQUIRED, CONTACT THE CITY FOR MORE INFORMATION

**Please complete other side**

(office use only) **APPROVED BY:** \_\_\_\_\_

## **LICENSED CONTRACTOR 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

License# \_\_\_\_\_ License Class \_\_\_\_\_

## **WORKER'S COMPENSATION DECLARATIONS**

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# \_\_\_\_\_ Company \_\_\_\_\_

☐ Certified copy is hereby furnished

☐ Certified copy is filled with the building inspection department

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

## **OWNER- BUILDER DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

☐ A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.

☐ B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".

☐ C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

## **CERTIFICATE OF EXEMPTION FROM WORKER' COMPENSATION INSURANCE**

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 Worker's Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

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

## **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, Cir. C)

LENDER'S NAME: \_\_\_\_\_

LENDER'S ADDRESS: \_\_\_\_\_

## **SIGNATURE**

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 CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: \_\_\_\_\_

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