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 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 _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt form the Contractor's License Law for the following reason (Section 7031 5, Business and Professions Code):

☐ 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 (Section 7044, 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 compensation 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 all of the 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 Applicant or Agent Date

BOOK	PAGE	PARCEL

1

CITY OF SIERRA MADRE

BUILDING DEPARTMENT

GRADING

PERMIT - APPLICATION

FOR APPLICANT TO FILL IN

SITE ADDRESS

LOT NUMBERS BLOCK

TRACT NUMBER

OWNER

MAIL ADDRESS

CITY TEL. NO.

SOIL ENGINEER STATE REG. NO.

MAIL ADDRESS

TEL. CITY NO.

GRADING CONTRACTOR TEL. NO.

ADDRESS

GEOLOGIST TEL. NO.

ADDRESS

SUPERVISING ENGINEER TEL. NO.

ADDRESS

PROPOSED USE OF GRADED SITE(S)

CHECK IF SUPERVISED GRADING ☐

SIGNATURE OF APPLICANT

CUBIC YDS. HANDLED:	CUT	FILL	INPORT	EXPORT

DISTRICT NO.	MAP NO.	STATE HWY. YES ☐ NO ☐	PROCESSED BY
USE ZONE	SPECIAL CONDITIONS		

SURETY$ BOND BOND NO.

SURETY COMPANY

DATE FILED REC'D. BY

CASH DEPOSIT$ REC'D. BY DATE FILED

THIS IS A LIMITED TIME PERMIT

ALL WORK MUST BE COMPLETED BY

TIME LIMIT:

EXTENDED TO: BY:

EXTENDED TO: BY:

INITIAL	DATE	INSPECTOR'S SIGNATURE
GRD. PREP.		
COMPACTION REPORT REC'D.		
SUP. ENGR'S. CERT. REC'D.		
ROUGH GRADING APPROVAL		
PLANTING AND IRRIGATION		
SUP. ENGR'S. FINAL CERT.		
FINAL APPROVAL		
SURETY BOND RELEASED		

REMARKS:

P.C. FEE $	Permit Fee
	Issuance Fee
	Total Fee

PERMIT VALIDATION CK M.O. CASH

INSPECTOR'S COPY

VALIDATION

This is a Grading Permit When Properly Filled Out, Signed and Validated.

PERMIT VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS OF DATE OF ISSUANCE.