CITY OF BRAWLEY **PERMIT APPLICATION**

____ BUILDING ____ PLUMBING ____ ELECTRICAL ____ MECHANICAL ____ RIGHT OF WAY

____ NEW RESIDENTIAL ____ NEW POOL ____ REMODEL RESIDENTIAL ____ SIGN
____ NEW COMMERCIAL ____ DEMOLITION ____ REMODEL COMMERCIAL
____ NEW INDUSTRIAL ____ **SCHOOL FORM REQ.** ____ REMODEL INDUSTRIAL

Applicant to complete numbered spaces only

Job Address

1 Legal Desc.	Lot #	Blk	Tract	Assessors' Parcel Number

2 Owner	Mail Address	Zip	Phone

3 Contractor	Mail Address	Phone	License Number

4 Architect or Engineer	Mail Address	Phone	License Number

5 Use of Building	6 Special Conditions

7 Describe Work:

8 Valuation of Work: $		No. of Dwelling Units	Plan Check Fee	$	
Type of Const.	Occupancy Group	Use Zone	Building Permit Fee		
		Size of Bldg.	Category 1 SM Tax		
		No. of Stories	Category 2 SM Tax		

**********NOTICE**********NOTICE**********NOTICE**********

_____EXEMPTION DECLARATION

I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL NOT EMPLOY ANYONE IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS' COMPENSATION INSURANCE LAWS OF CALIFORNIA.

Notice to Applicant: if after 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.

_____
Signature Date

**********NOTICE**********NOTICE**********NOTICE**********

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

_____
Signature of Contractor or Authorized Agent Date

_____
Signature of Owner (If owner Builder) Date

Plan Check Fee	_____
Building Permit	_____
Strong Motion	_____
Plumbing Permit	_____
Electrical Permit	_____
Mechanical Permit	_____
SB1473	_____
Right-of-way Const. (AC)	_____
Sewer and Water Cap	_____
Impact Fees	_____
TOTAL	_____

	No.	Type of Fixture or Item	Fee	
PLUMBING PERMIT		Permit Fee	$	
		Water Closet (Toilet)		
		Bathtub		
		Lavatory (Wash Basin)		
		Shower		
		Kitchen Sink & Disp.		
		Dishwasher		
		Laundry Tray		
		Clothes Washer		
		Water Heater		
		Gas Systems: No. of Outlets		
		Water Piping & Treating Equip.		
		Sewer		
		Other		
		Sub-total Plumbing	$	
ELECTRICAL PERMIT		Permit Fee		
		Main Service (amp.)		
		Breaker or Other Control Box		
		Switches, Lights, Outlets, Etc.		
		Motors, Transformers, Etc.		
		Other		
		Sub-total Electrical	$	
MECHANICAL PERMIT		Permit Fee	$	
		Air Cond. Units--H.P. Ea.		
		Other		
		Other		
		Sub-total Mechanical	$	

Receipt #_____ Date _____ Permit Number

Clerk Initials_____

IMPERIAL PRINTERS 328861