

# SEWER PERMIT

## CITY OF INGLEWOOD

CITY OF INGLEWOOD

DIVISION OF BUILDING AND SAFETY

ONE MANCHESTER BOULEVARD / INGLEWOOD, CALIFORNIA 90301

☐ 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 worker's compensation insurance carrier and policy number are:

POLICY NUMBER \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.**

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.

Contractor \_\_\_\_\_ Date \_\_\_\_\_

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, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

hereby affirm 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 Address \_\_\_\_\_

certify that I have read this application and state that 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.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

|                                         |                                    |                  |            |                 |               |
|-----------------------------------------|------------------------------------|------------------|------------|-----------------|---------------|
| 1. Job Address _____                    | State _____                        | City _____       | Lot _____  | Block _____     | Tract _____   |
| 2. Owner _____                          | Phone _____                        | State _____      | City _____ | License # _____ | Expires _____ |
| Address _____                           |                                    |                  |            |                 |               |
| 3. Contractor _____                     |                                    |                  |            |                 |               |
| 4. Street Address _____                 |                                    |                  |            |                 |               |
| City _____                              | State _____                        | Zip _____        |            |                 |               |
| 5. _____                                |                                    |                  |            |                 |               |
| 6. New Bldg. _____                      | Exist. Bldg. _____                 | Relocation _____ |            |                 |               |
| 7. Use of Bldg. _____                   |                                    |                  |            |                 |               |
| 8. Legal Description _____              |                                    |                  |            |                 |               |
| 7. Description of Work to be Done _____ |                                    |                  |            |                 |               |
| NO.                                     | ITEM                               |                  |            | FEE             |               |
|                                         | Building Sewer _____               |                  |            |                 |               |
|                                         | Septic Tank, Seepage Pit or _____  |                  |            |                 |               |
|                                         | Drain field _____                  |                  |            |                 |               |
|                                         | Cesspool or Drywell _____          |                  |            |                 |               |
|                                         | Alter, repair or abandon _____     |                  |            |                 |               |
|                                         | sewer or disposal system _____     |                  |            |                 |               |
|                                         | Saddle Connection _____            |                  |            |                 |               |
|                                         | Industrial waste interceptor _____ |                  |            |                 |               |
|                                         |                                    |                  |            |                 |               |
|                                         |                                    |                  |            |                 |               |
|                                         |                                    |                  |            |                 |               |
|                                         |                                    |                  |            |                 |               |
|                                         | Permit _____                       |                  |            |                 |               |
|                                         | TOTAL FEE _____                    |                  |            |                 |               |

8. Description of Industrial Wastes to be discharged into sewer

9. I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of California relating to Workmen Compensation.

BY \_\_\_\_\_  
Owner or Contractor

\_\_\_\_\_ Authorized Agent

Owner or Contractor

BY

Authorized Agent

1. INSPECTOR'S COPY

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