LICENSED CONTRACTOR'S DECLARATION

JOB ADDRESS:_____, LAWNDALE, CA, 90260

CALIFORNIA LICENSED CONTRACTOR'S 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.

Contractor Name: _____
CA License Number: _____ Class: _____ Expiration Date_____

Contractor or Authorized Agent's Signature: _____ Date: _____

WORKER'S COMPENSATION DECLARATION

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 herby 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, issued by the Director of Industrial Relations** as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy No._____

☐ **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:
Insurance Carrier: Policy #: _____Exp. Date: _____
Name of Insurance Agent: _____ Phone #: _____

Contractor or Authorized Agent's Signature: _____ Date: _____

☐ **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.**

Contractor or Authorized Agent's Signature: _____ Date: _____

Modified 9/5/2017

HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing hazardous material equal to or greater than the amounts specified on the hazardous materials information guide? YES ☐ NO ☐

Will the intended use of the building by the applicant or future building occupant require a permit for construction of modification from the South Coast Air Quality Management District (SCAQMD)? See permitting checklist for guidelines. YES ☐ NO ☐

I have read the hazardous materials information guide and the SCAMD Permitting checklist. I understand the requirements under the Los Angeles County Code, Title 2, Chapter 2.20 Section 2.20.100 through 2.20.140 concerning hazardous materials reporting and for obtaining a permit from the SCAQMD.

ASBESTOS NOTIFICATION

☐ Notification letter sent to SCAQMD or EPA

☐ I declare that notification of asbestos removal is not applicable to the addressed project.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING STATEMENTS:

I am the property owner, contractor, or authorized to act on the property owner's or contractor's behalf. I have read this application and the information I have provided is correct. I agree to comply with all applicable City and County ordinances, rules, regulations, and State laws relating to building construction, and with any and all conditions of permit. I agree to defend, indemnify, and hold harmless the City of Lawndale, its officers, agents, and employees from any and all claims and liability for personal injury, including death, and property damage caused by, arising out of, or in any way connected with the issuance of this permit. I hereby acknowledge that issuance of this permit does not authorize the use or occupancy of any sidewalk or street. I authorize representatives of the City of Lawndale to enter the above mentioned property for inspection purposes.

Contractor or Authorized Agent's Signature: _____ Date: _____