

## BUILDING PERMIT APPLICATION

### OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Sec. 7000) of Div. 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

☐ 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 (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) license pursuant to the Contractors License Law.).

☐ I am exempt under Section \_\_\_\_\_, B.&P.C. for this reason \_\_\_\_\_

Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_

### LICENSED CONTRACTORS 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.

License Class \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date \_\_\_\_\_ Signature of Contractor \_\_\_\_\_

### WORKERS' COMPENSATION DECLARATION

I hereby 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, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Sec. 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:

Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_

(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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Sec. 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**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.**

### CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury 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 Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

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 upon the above-mentioned property for inspection purposes.

Date \_\_\_\_\_ Signature of Applicant or Agent \_\_\_\_\_

## CITY OF CUDAHY

5220 Santa Ana Street  
Cudahy, CA 90201

Inspection Request: (323) 773-5143

|                                                                                                                                                                                                                                                                                                                                    |       |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|
| SITE ADDRESS                                                                                                                                                                                                                                                                                                                       |       |             |
| ASSESSOR PARCEL NUMBER                                                                                                                                                                                                                                                                                                             |       |             |
| BOOK                                                                                                                                                                                                                                                                                                                               | PAGE  | PARCEL      |
| ADDITIONAL INFORMATION / LEGAL DESCRIPTION                                                                                                                                                                                                                                                                                         |       |             |
| PROPERTY OWNER                                                                                                                                                                                                                                                                                                                     |       |             |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                    |       |             |
| CITY                                                                                                                                                                                                                                                                                                                               | STATE | ZIP         |
| PHONE NUMBER                                                                                                                                                                                                                                                                                                                       |       |             |
| ARCHITECT'S OR ENGINEER'S NAME                                                                                                                                                                                                                                                                                                     |       | LICENSE NO. |
| ADDRESS                                                                                                                                                                                                                                                                                                                            |       |             |
| CITY                                                                                                                                                                                                                                                                                                                               | STATE | ZIP         |
| PHONE NUMBER                                                                                                                                                                                                                                                                                                                       |       |             |
| APPLICANT / CONTACT PERSON                                                                                                                                                                                                                                                                                                         |       |             |
| PHONE NUMBER                                                                                                                                                                                                                                                                                                                       |       |             |
| CONTRACTOR'S NAME                                                                                                                                                                                                                                                                                                                  |       |             |
| ADDRESS                                                                                                                                                                                                                                                                                                                            |       |             |
| CITY                                                                                                                                                                                                                                                                                                                               | STATE | ZIP         |
| PHONE NUMBER                                                                                                                                                                                                                                                                                                                       |       |             |
| EXPIRATION                                                                                                                                                                                                                                                                                                                         |       |             |
| Every permit shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. |       |             |

|                                                |                                                  |                          |
|------------------------------------------------|--------------------------------------------------|--------------------------|
| DESCRIPTION OF WORK:                           |                                                  |                          |
| OCC. GROUP                                     |                                                  |                          |
| TYPE(S) OF CONSTRUCTION                        |                                                  |                          |
| NO. OF STORIES                                 |                                                  |                          |
| SQUARE FOOTAGE                                 |                                                  | FIRE SPRINKLERS REQUIRED |
|                                                |                                                  | YES NO                   |
| STATISTICAL CLASSIFICATION                     | UNIT(S)                                          | CODE IN EFFECT           |
| NO                                             |                                                  |                          |
| SPECIAL CONDITIONS/PLANNING FILE NO            |                                                  |                          |
| \$ INITIAL VALUATION \$ REVISED VALUATION      |                                                  |                          |
| PLAN CHECK FEE \$                              |                                                  |                          |
| ADDITIONAL PLAN CHECK FEE \$                   |                                                  |                          |
| PLAN CHECK NO.                                 | INITIALS                                         | DATE                     |
|                                                | RECEIPT NO.                                      |                          |
| ADDITIONAL PLAN CHECK NO.                      | INITIALS                                         | DATE                     |
|                                                | RECEIPT NO.                                      |                          |
| <input type="checkbox"/> SCHOOL FEES PAID      | <input type="checkbox"/> HEALTH DEPT. APPROVAL   |                          |
| <input type="checkbox"/> SANITATION DIST. PAID | <input type="checkbox"/> FIRE DEPT. APPROVAL     |                          |
| <input type="checkbox"/> PUBLIC WORKS FEES PD  | <input type="checkbox"/> SCAQMD                  |                          |
| <input type="checkbox"/> PLANNING APPROVAL     | <input type="checkbox"/> INDUSTRIAL WASTE APPRR. |                          |
| <input type="checkbox"/> _____                 | <input type="checkbox"/> OSHA PERMIT OBTAINED    |                          |
| BUILDING PERMIT FEE \$                         |                                                  |                          |
| ISSUANCE FEE \$                                |                                                  |                          |
| SMIP FEE \$                                    |                                                  |                          |
| \$                                             |                                                  |                          |
| \$                                             |                                                  |                          |
| TOTAL BUILDING PERMIT FEE \$                   |                                                  |                          |
| PERMIT NO.                                     | INITIALS                                         | DATE                     |
| FINALED BY                                     | RECEIPT NO.                                      | DATE                     |