City of Kerman
Building Division
850 S. Madera Ave.
Kerman, CA 93630
Phone: (559) 550-0835
Email:
buildingonline@cityofkerman.gov

Application Date: _____

Building Permit Number: _____

Application for Building Permit

(Must be complete, legible and accurate)

Building Type	Project Type	Water Heater	Photovoltaic
⌋ Commercial Industrial ⌋ Residential Other____	⌋ Electrical Plumbing ⌋ Mechanical Other_____	⌋ Like for Like Tankless* *requires gas or electric load calc	⌋ New Revision Panel Upgrade ⌋ Modules_____ kW _____

Project Description:

_____

_____

New SFD ONLY

Building sq. ft: _____

Garage sq. ft: _____

Patio sq. ft: _____

JOB ADDRESS: KERMAN, CA 93630 APN:

LOT #: USE: OCCUPANCY: PROJECT SQ FT VALUATION: $

JOB CONTACT: PHONE: EMAIL:

OWNER NAME: _____ PHONE: _____

ADDRESS:_____ CITY: _____ ZIP: _____

CONTRACTOR _____ ____ PHONE:(___)_____

ADDRESS:_____ CITY: _____ ZIP: _____

CONTRACTOR LICENSE NO:_____ CONTRACTOR CLASS:_____ EXPIRATION DATE:_____ CITY BUSINESS LICENSE: _____

FOR OFFICE USE ONLY

DEPARTMENT APPROVALS:

PLAN:_____ FIRE: _____ PW: _____ ENG: _____

STANDARD PLAN #: _____ **SPR / CUP / TSM #**:_____

COMMENTS:_____

_____

APPROVED BY:_____ DATE:_____

LICENSED CONTRACTOR 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 Professionals Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signed_____ Dated_____

Print Name of Signer_____

License#_____ License Class_____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy#_____Company_____

( ) Certified copy is hereby furnished ( ) Certified copy is filled with the building inspection department

Applicant Signature_____ Dated_____

OWNER- BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

( ) A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.

( ) B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".

( ) C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature_____ Dated_____

CERTIFICATE OF EXEMPTION FROM WORKER' COMPENSATION INSURANCE

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 Worker's Compensation Laws of California.

Applicant Signature_____ Dated_____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C)

LENDER'S NAME: _____

LENDER'S ADDRESS:_____

SIGNATURE

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 THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____