City of Mountain House Building Division

251 E. Main Street, Mountain House, CA 95391
Phone: (209) 831-5037
Website: mountainhouseca.gov **Email**: mhbuilding@sjgov.org

Office Use Only

Application Date: _____

Building Permit Number: _____

Plan Check Number: _____

Application for Building Permit

(Must be complete, legible and accurate)

BUILDING TYPE: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other: _____

PERMIT TYPE: ☐ New Construction ☐ Addition ☐ Remodel ☐ Other: _____

Project Description: _____

Job Address: _____ City/State: Mountain House, CA Zip: 95391

A.P.N.: _____ Lot # _____ Project SQ FT _____ Valuation: $ _____

Job Contact: _____ Phone: (___) _____ Email: _____

Owner's Name: _____ Phone: (_____)_____

Address: _____ City/State: _____ Zip: _____

Contractor: _____ Phone: (____)_____

Address: _____ City/State: _____ Zip: _____

State Contractor's License #: _____ Classification: _____ Expiration Date: _____

Business License #: _____

APPROVAL REQUIRED FROM PLANNING DEPARTMENT

Subdivision :	Density	Zone:
Tract:	Neighborhood	Dir
Setbacks/ Front:	Setbacks/ Side:	Setbacks/ Rear:
Other:		
Comments:		
Approved By:	Date:	

Reviewed By: _____ Date: _____ Approved By: _____

LICENSED CONTRACTOR DECLARATION

I HEREBY AFFIRM UNDER PENALTY OF PREJURTY 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 CONTRACTORS LICENSE IS IN FULL FORCE AND EFFECT AND THAT ALLINFOMRAITON PROVIDED BY ME REGARDING THIS IS TRUE AND CORRECT. I ALSO AFIRM UNDER PENALTY OF PERJURY THAT MY WORKER'S COMPENSATION DECLRATION OR CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSAT6ION INSURANCE AND LEND AGENCY INFORMATION ARE TRUE AND CORRECT.

SIGNED: _____ DATED:_____

PRINT NAME OF SIGNER: _____

LICENSE# _____ LICENSE CLASS _____

WORKER'S COMPENSATION DECLRATIONS

I HEREBY AFFIRM THAT I HAVE A CERTIFICATE OF SELF-INSURED, OR A CERTIFICATE OF WORKERS' COMPENSATION INSURANCE, OR A CERTIFIED COPY THEREOF (SEC. 3000, LAB. C)

POLICY # _____ COMPANY _____

( ) CERTIFIED COPY IS HEREBY FURNISHED.

( ) CERTIFIED COPY IS FILED WITH THE BUILDING INSPECTION DEPARTMENT OF THE COUNTY OF SAN JOAQUIN.

APPLICANT SIGNATURE: _____ DATE _____

OWNER BUILDER DECLARATION

I HEREBY AFFIRM UNDER PENLATY OF PERJURY THAT I AM EXEMPT FROM PROVISIONS OF THE CONTRACTORS 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 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 _____ DATE_____

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 WORKERS COMPENSATION LAWS OF CALIFORNIA.

APPLICANT Signature_____ DATE _____

NOTICE TO APPLICANT: IF AFTER MAKING 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.

CONSTRUCTION LENDING AGENCY

I HEREBY AFFIRM THAT THERE IS A C ONSTRUCTION LENDING AGENCY FOR THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED (SECTION 3097, CIR. 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 COUNTY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

APPLICANT OR AGENT: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____