



**ELECTRONIC APPLICATION AND PERMIT SIGNATURES**

<b>VALUATION:</b>	<b>DATE:</b>	<b>PERMIT:</b>
<b>ADDRESS:</b>		
<b>SCOPE OF WORK</b>		

**APPLICANT OR OWNER:**

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>EMAIL:</b>	
<b>CREDIT CARD NAME:</b>		
<b>CARD #</b>	<b>EX DATE:</b>	<b>3-DIGIT CODE:</b>

**CONTRACTOR:**

<b>NAME :</b>	<b>EMAIL:</b>
<b>PHONE:</b>	<b>LICENSE NO.:</b>

**DECLARATIONS: The State of California under §19825 for the Health and Safety Code Mandates the declarations below:**  
LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with §7000 of Division 3 of the Business and Professions Code and my license is in full force and effect.

Lic	License Number	Signature
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**WORKERS' COMPENSATION DECLARATION: WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERATE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED IN §3706 OF THE LABOR CODE, INTEREST AND ATTORNEYS FEES. 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, issued by the Director of Industrial Relations as provided for by §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 §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 Number
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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 worker's compensation provisions of §3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature	Date
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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 representative of the City to enter the above-mentioned property for inspection purposes. **I agree to comply with the current County Covid-19 Social Distancing and Construction Safety Protocols defined in order Appendix B dated 4/30/2020.**

<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>