

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 country which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the application 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 Division 3 of the Business and Professions Code) or that he or she is exempt there from and the basis from the alleged examination. Any violation of Section 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 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) licensed 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 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 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:

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 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.

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 this 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 representative of this City to enter upon the above mentioned property for inspection purposes.

Date Signature of Applicant



City of West Hollywood
Building & Safety Division
8300 Santa Monica Blvd
West Hollywood, CA 90069
Hours: 8:00a.m. to 4:00p.m.
Monday – Thursday & Alternate Fridays
Inspection Request Hotline (323) 848-6335

SITE ADDRESS

BOOK PAGE PARCEL

ADDITIONAL PARCEL NUMBER

ADDITIONAL INFORMATION / LEGAL DESCRIPTION

PROPERTY OWNER

MAILING ADDRESS

CITY STATE ZIP

PHONE NUMBER

ARCHITECT'S OR ENGINEER'S NAME LICENSE NUMBER

ADDRESS

CITY STATE ZIP

PHONE NUMBER

APPLICANT / CONTACT PERSON

PHONE NUMBER

CONTRACTOR'S NAME

ADDRESS

CITY STATE ZIP

PHONE NUMBER

EXPIRATION

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APPLICANT TO FILL IN (PLEASE PRINT OR TYPE)

DESCRIPTION OF WORK:

OCC. GROUP	TYPE(S) OF CONSTRUCTION	NO OF STORIES
------------	-------------------------	---------------

SQUARE FOOTAGE	FIRE SPRINKLERS REQUIRED	
	YES	NO

STATISTICAL CLASSIFICATION	UNIT(S)	NO
		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
	CK NO.	

ADDITIONAL PLAN CHECK NO.	INITIALS	DATE
	CK 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
	CK NO.	

FINALED BY	INITIALS	DATE
	CK NO.	

ELECTRICAL PERMIT APPLICATION

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SITE ADDRESS _____

BOOK _____ PAGE _____ PARCEL _____

ADDITIONAL PARCEL NUMBER _____

ADDITIONAL INFORMATION / LEGAL DESCRIPTION _____

PROPERTY OWNER _____

MAILING ADDRESS _____

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PHONE NUMBER _____

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CITY _____ STATE _____ ZIP _____

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APPLICANT TO FILL IN (PLEASE PRINT OR TYPE)

NEW RESIDENTIAL BLDGS.	EACH	NO	FEE
1 & 2 Family Dwelling, Sq.Ft. _____			
Multi-Family Dwelling, Sq.Ft. _____			
OUTLETS			
Rec: _____ Light _____ Sw. _____			
Total: _____ (additional over 20)			
LIGHTING FIXTURES			
Total: _____ (additional over 20)			
BRANCH CIRCUIT(S) USED IN LIEU			
_____ 1 to 10 branch circuits			
_____ 11 to 40 branch circuits			
_____ 41 and up branch circuits			
FIXED APPLIANCE (NOT OVER 1HP)			
_____ Water Heater _____ FAU			
_____ Dishwasher _____ A/C			
_____ Clotheswasher _____ Oven			
_____ Disposal _____ Hood			
_____ Heater _____ Range			
_____ Fan _____ Dryer			
_____ Other _____			
POWER APPARATUS & LARGE APPLIANCES (HP, KW, KVA, KVAR)			
_____ Over 3 to 10 included			
_____ Over 10 to 50 included			
_____ Over 51 and up			
SERVICES, SWITCH BOARDS & SUB.			
_____ 0 – 399 AMPS			
_____ 400 - 1000 AMPS			
_____ Over 1000 AMPS			
TEMP. POWER POLE & APPURTENANCES			
MISC. CONDUITS & CONDUCTORS			
SIGN WITH ONE BRANCH CIRCUIT			
ADDITIONAL SIGN BRANCH CIRCUIT(S)			

Electrical Permit Subtotal	\$ _____
Plan Check Fee	\$ _____

PLAN CHECK NO.	INITIALS	DATE
	CK NO.	

Electrical Permit Fee	\$ _____
Plan Issuance Fee	\$ _____
Total Electrical Permit Fee	\$ _____

PERMIT NO.	INITIALS	DATE
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FINALED BY		DATE

GRADING PERMIT APPLICATION

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USE ZONE	MAP NO.	
	SPECIAL CONDITIONS	
SURETY BOND \$		
BOND NO.		
SURETY COMPANY		
DATE FILED		
TIME CERTIFICATE \$		
CERTIFICATE NO.		
DATE FILED		
DATE SECURITY RELEASED		
CUBIC YARDAGE		CUBIC YARDAGE
CUT	IMPORT	
FILL	EXPORT	
Subtotal	\$ _____	
Plan Check Fee	\$ _____	
Additional Plan Check Fee	\$ _____	
Permit Issuance Fee	\$ _____	
Total Grading Permit Fee	\$ _____	
PLAN CHECK NO.	INITIALS	DATE
ADDITIONAL PLAN CHECK NO.	CK NO.	DATE
PERMIT NO.	INITIALS	DATE
FINALED BY	CK NO.	DATE

COMBINATION POOL/SPA PERMIT APPLICATION

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APPLICANT TO FILL IN (PLEASE PRINT OR TYPE)

DESCRIPTION OF WORK:

SQUARE FOOTAGE	STANDARD PLAN	
	YES	NO

STATISTICAL CLASSIFICATION NO.	CODE IN EFFECT
--------------------------------	----------------

SPECIAL CONDITIONS / PLANNING FILE NO.

\$ _____ INITIAL VALUATION \$ _____ REVISED VALUATION

PLAN CHECK FEE \$ _____

ADDITIONAL PLAN CHECK FEE \$ _____

PLAN CHECK NO.	INITIALS	DATE
	CK NO.	
ADDITIONAL PLAN CHECK NO.	INITIALS	DATE
	CK NO.	

ALL BODIES OF WATER DEEPER THAN 18 INCHES SHALL BE FENCED IN ACCORDANCE WITH STATE LAW AND CITY ORDINANCE.

CONTACT THE BUILDING DEPARTMENT AND PLANNING DEPARTMENT FOR SPECIFICS ON FENCE AND GATE REQUIREMENTS.

Building Permit Fee \$ _____

Issuance Fee \$ _____

SMIP Fee \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Pool/Spa Permit Fee \$ _____

PERMIT NO.	INITIALS	DATE
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