

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Please Print Your Name: _____	Date Applied: _____
--------------------------------------	----------------------------

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: _____	City: _____	ZIP: _____
Cross-Street: _____	APN: _____	Project Phone #: () _____
Directions: _____	Email address: _____	Project Fax #: () _____
Describe Project: _____	Living Area _____ Garage _____ Decks _____	Unit # _____ Lot # _____ Contract Price: _____

OWNER NAME AND ADDRESS

APPLICANT NAME AND ADDRESS

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Day Ph: () _____ Fax: () _____	Day Ph: () _____ Fax: () _____

CONTRACTOR INFORMATION

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Company Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Day Ph: () _____ Fax: () _____	Day Ph: () _____ Fax: () _____

WORKER'S 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 worker's 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 worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
 Exp. Date: _____ Applicant: _____

WARNING: FAILURE TO SECURE WORKER'S 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.

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's 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 Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 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 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 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) licensed pursuant to the Contractors License Law.).
- I am exempt under Sec. _____, B & P.C. for this reason _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov/calaw.html>.

Date _____ Signature of Property Owner or Authorized Agent _____

LICENSED CONTRACTOR'S 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.

Lic. Class _____ Lic. No. _____

Exp. Date _____ Contractor _____

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. I hereby declare that demolition authorized by this permit is from construction that does does not contain asbestos, or that no demolition is authorized by this permit.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked.

PERMITTEE SIGNATURE _____
 ADDRESS _____ CITY _____ ZIP _____
 Contractor Owner Other Licensed Professional

CONSTRUCTION LENDING DECLARATION

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.).

Lenders Name _____
 Lenders Address _____

FOR DEPARTMENT USE

Zoning _____ File No. _____ Acres _____
 Existing Use/Structures _____
 Proposed Use/Structures _____
Zoning Min. Yard Requirements: Front _____ Left _____ Right _____ Back _____
NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated. Mitigation Required Address subject to change
 Approval for Permit Issuance: _____ Approval for Occupancy: _____
 By: _____ Date: _____
 Conditions: _____

Sewer Connection: Available Fees Paid
 Approved by: _____ Date: _____

Road Encroachment: Fees Paid
 Approved by: _____ Date: _____

Septic System Permit/Clearance # _____
 Approved by: _____ Date: _____

Flood Zone: Yes No 100 Year Flood Elevation: _____
Site Review _____

Drainage Review:
 Approved by: _____ Date: _____

Fire:
 Approved by: _____ Date: _____

Code Enforcement Violation Yes No Violation # _____
 This permit is limited to _____ days.

Work Authorized: _____

<input type="checkbox"/> Plans Approved	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Alquist Priolo Report Available
<input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Pre FIRM	<input type="checkbox"/> Geotechnical report Available
Plancheck Cleared By _____ Date: _____	Type of Construction _____	Occupancy _____
Permit Cleared for Issuance By _____ Date: _____	Auto. Fire Sprinklers Req'd _____	No. of Units _____
		Certificate of Occupancy _____

Machine Space for Permit Fee

cmuller s:\handout\class\CS-007.cdr Reviset: 01/29/2009

JOB ADDRESS: _____

PERMIT NUMBER: _____

INSPECTION AREA: _____

THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

Distribution: White - File Canary - Applicant Blue - Assessor Cardstock - Inspector