



# BUILDING AND FIRE PERMIT WORKSHEET

Completed Plan Check  
Comments are Available On-  
line at [www.e-onestop.net](http://www.e-onestop.net).

## PROJECT INFORMATION

Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

Is the Building Fire Sprinklered? \_\_\_\_\_

Is there an Existing Swimming Pool or Spa? \_\_\_\_\_

Valuation of Construction: \$ \_\_\_\_\_

Sq. Ft. of Construction: \_\_\_\_\_

Type of Permit(s) Applying for:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Building   | <input type="checkbox"/> Demolition      |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Prevention |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Sign            |
| <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Grading         |
| <input type="checkbox"/> Re-roof    | <input type="checkbox"/> Other           |

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FIRE PERMIT INFORMATION

Fire Sprinklers

Fire Alarm

Other: \_\_\_\_\_

Is there a building permit associated with this work?

No  Yes, Permit Number: \_\_\_\_\_

## APPLICANT/CONTRACTOR

- Property Owner (Review Owner-Builder Declaration on reverse side before completing)
- Licensed contractor will do the work
- Property owner will do the work
- Exempt

Contractor

Applicant/Contact Person

Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Contractor Information:

Review declaration on reverse side before completing:

Class: \_\_\_\_\_

License Number: \_\_\_\_\_

### Workers Compensation Information:

Review declaration on reverse side before completing:

Maintain Workers Comp. Insurance

Self-insured

Exempt from Workers Comp (Sole Employee)

Policy Number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Office Use

Plan Check Fee: \$ \_\_\_\_\_

Energy Plan Check Fee: \$ \_\_\_\_\_

Total Plan Check Fee: \$ \_\_\_\_\_

Project Number: \_\_\_\_\_ Rev.: \_\_\_\_\_

Project Coordinator: \_\_\_\_\_

Date Plan Accepted: \_\_\_\_\_

Due Date for City Response: \_\_\_\_\_

## 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 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 Contractors 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.

\_\_\_ 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: \_\_\_\_\_  
DATE: \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 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 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 is:

\_\_\_ 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: \_\_\_\_\_ 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 the compensation damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.