

Application Date: \_\_\_\_\_ Building Permit Number:

Phone: (559) 846-6121

## Application for Building Permit (Must be complete, legible and accurate)

Building Type  □ Commercial □ Industrial □ Residential □ Other	Project Type  □ Electrical □ Plumbing □ Mechanical □ Other	Water Heater  □ Like for Like □ Tankless* *requires gas or electric load calc	Photovoltaic  □ New □ Revision □ Panel Upgrade □ Modules □ kW
Project Description:			New SFD ONLY
,			Building sq. ft:
			Garage sq. ft:
			Patio sq. ft:
JOB ADDRESS:		KERMAN, CA 93630	APN:
LOT #: USE:	OCCUPANCY:	PROJECT SQ FT	VALUATION: \$
JOB CONTACT:	PHONE:	EMAIL:	
			PHONE:
ADDRESS:		CITY:	ZIP:
CONTRACTOR:			_ PHONE:()
ADDRESS:		CITY:	ZIP:
CONTRACTOR LICENSE	E NO:	NTRACTOR CLASS:	CITY BUSINSESS LICENSE:
		ROM PLANNING DEPAR	RTMENT
SUBDIVISION:		LOT NO:	AREA:
ZONE:	# OF EXISTING BLDG	SS: ENVIRON	NMENTAL EXEMPT:
FLOOD CERTIFICATE REC	QUIRED: YES NO	FLOOD ZONE	::
	Side:	_ Rear:	
APPROVED BY:		DATE:	

## LICENSED CONTRACTOR DECLARATION

LICEN	NSED CONTRACTOR DECLARATION	
and Professionals Code and that my contractor's licens	sed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business se is in full force and effect and that all of the information provided by me regarding this is true and Vorker's Compensation Declaration or Certificate of Exemption from Worker's Compensation prect.	
Signed	Dated	
Print Name of Signer		
License#	License Class	
WORKE	R'S COMPENSATION DECLARATIONS	
I hereby affirm that I have a certificate of self-insure, or	a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).	
Policy# Company_		
( ) Certified copy is hereby furnished	( ) Certified copy is filled with the building inspection department	
Applicant Signature	Dated	
<u>01</u>	WNER- BUILDER DECLARATION	
I hereby affirm under penalty of perjury that I am exemp Profession Code) because: (check applicable statement	pt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and nt)	
( ) A. I am the owner of the above property and I	will contract to have all of the work performed by licensed contractors.	
( ) B. I am the owner of the property and the work     accomplished in accordance with Statement	k will be partially accomplished in accordance with Statement "A" and the other work will be lent "C".	
( ) C. I am the owner of the above property and I be wages, and the above described structure.	will perform all the above work personally or through my employees whose sole compensation will cture is not intended or offered for sale.	
Applicant Signature	Dated	
CERTIFICATE OF EXEM	PTION FROM WORKER' COMPENSATION INSURANCE	
I certify that in the performance of the work for which th Worker's Compensation Laws of California.	nis permit is issued, I shall not employ any person in any manner so as to become subject to the	
Applicant Signature	Dated	
<b>NOTICE TO APPLICANT:</b> If after making this Certifica Code, you must forthwith comply with such provisions of	ate of Exemption you should become subject to the Worker's Compensation provisions of the Labor or this permit shall be deemed revoked.	
co	NSTRUCTION LENDING AGENCY	
I hereby affirm that there is a construction lending	g agency for the performance of the work for which this permit is issued (Section 3097, Cir. C)	
LENDER'S NAME:		
LENDER'S ADDRESS:_		
	<u>SIGNATURE</u>	
	ND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES TY FOR INSPECTION PURPOSES.	
PRINT APPLICANT OR AGENT NAME:		
APPLICANT OR AGENT SIGNATURE:	DATE:	