

PERMIT APPLICATION: CONTRACTOR

Permit Number _____

Owner's Name _____

Phone No. _____

Owner's Email Address _____

Property Location or Address _____

Applicant's Mailing Address _____

Applicant's Email Address _____

Licensed Design Professional (Architect or Engineer) in charge of project _____

WORKERS' COMPENSATION DECLARATION

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 (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S 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 Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

() 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 Number _____

Expires _____

Phone No. _____

() 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.

Signature of Contractor OR Authorized Agent _____

Date _____

Only Check one item in above section.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

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 (Section 3097, Civil Code).

Lender's Name _____

Lender's Address _____

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.

Company Name _____

License Class _____

License No. _____

Madera County Business License No. _____

Contractor License Holder *please print _____

Signature of Contractor or Authorized Agent _____

Date _____

A photo ID is required to verify authorized agents signature

AUTHORIZATION FOR AN AGENT TO ACT ON BEHALF OF A CONTRACTOR

Authorization for an agent is only required if one of the contractor license holders is not appearing to obtain the build permits in person.

NOTE: Authorization for an agent to be completed only if the listed property owner(s) will not be present at time of the permit issuance. A photocopy of the owner(s) driver's license is required to verify authorizing signature.

Scope of Construction Project (or Description of Work) _____

Project Location or Address _____

Name of Authorized Agent _____

Address of Authorized Agent _____

Phone Number of Authorized Agent _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Authorizing Signature _____

Date _____