



# City of Calimesa

## Building Department

908 Park Avenue ♦ Calimesa, California 92320  
Phone (909) 795-9801 x226 ♦ Fax (909) 795-6187  
<http://www.cityofcalimesa.net>

## Construction Permit Application - Contractor

*Prior to submittal to the Building Department, the project must be approved by Planning.*

### #1 IDENTIFY YOUR BUILDING PROJECT

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

**This permit is to be issued in the name of the  Licensed Contractor or  the Property Owner as the permit holder of record who will be responsible and liable for the construction.**

Property Owner Information: Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Licensed Design Professional (Architect or Engineer in charge of the project) Information:

Business Name \_\_\_\_\_ License No. \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Description of work to be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valuation: \$ \_\_\_\_\_

### #2 IDENTIFY WHO WILL PERFORM THE WORK

#### 2a – CALIFORNIA 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.

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

License Class and No. \_\_\_\_\_ Contractor Signature \_\_\_\_\_

### #3 IDENTIFY WORKERS' COMPENSTATION COVERAGE AND LENDING AGENCY

**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.**

#### 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, 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 No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Agent \_\_\_\_\_ 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.

#### 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: \_\_\_\_\_

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

### #4 DECLARATION BY CONSTRUCTION PERMIT APPLICANT

By my signature below, I certify to each of the following:

I am  a California licensed contractor or  the property owner\* or  authorized to act on the property owner's behalf\*\*.

I have read this construction permit application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

*\*requires separate verification form*

California Licensed Contractor, Property Owner\* or Authorized Agent\*\*:

*\*\*requires separate authorization form*

Signature \_\_\_\_\_ Date \_\_\_\_\_