APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES — BUILDING AND SAFETY

5

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(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 Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed underprovisions 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 Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ 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 (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under penalty of perjury that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

_____ Signature of Applicant or Agent _____ Date

20-0010 B&S DPW Rev. 8/95

FOR APPLICANT TO FILL IN

BUILDING ADDRESS			
CITY		ZIP	
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT	
TRACT	BLOCK	LOT NO.	
ASSESSOR MAP BOOK	PAGE	PARCEL	
OWNER		TEL NO.	
ADDRESS			
CITY		ZIP	
ARCHITECT OR ENGINEER		TEL NO.	
ADDRESS			
CONTRACTOR		TEL NO.	
ADDRESS		LIC. NO.	
CITY		LIC. CLASS	
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	
DESCRIPTION OF WORK			
USE OF EXISTING BLDG.			
APPLICANT *(PRINT)*		TEL NO.	
ADDRESS			

☐ NEW ☐ ADD ☐ ALTER ☐ REPAIR ☐ DEMOL ☐ URM

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?

YES ☐ NO ☐

WILL THE INTENDED USE OF THE BUIDLING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.

YES ☐ NO ☐

I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

_____ OWNER OR AGENT

P.C. FEE		PERMIT FEE	43.70
		ISSUANCE FEE	4.50
INVESTIGATION FEE		TOTAL FEE	48.00

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS				
LOCALITY				
NEAREST CROSS ST.				
USE ZONE	MAP NO.			
	SPECIAL CONDITIONS			
WITHIN 1000 FT. OF SCHOOL?	YES	NO		
DISTRICT	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
STATISTICAL CLASSIFICATION CLASS NO. _____ DWELL UNITS _____			APT	CONDO

REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P L				
SIDE P L				

SEWER MAP

BK PG

VALUATION

$

$

LDMA P/C #

LDMA Perm #

FINAL DATE

FINAL BY

VALIDATION

TEMPORARY FILE COPY