

THIS PERMIT BECOMES VOID IF
WORK IS NOT STARTED WITHIN
180 DAYS OR IF WORK IS
STOPPED FOR 180 DAYS

COUNTY OF INYO

PERMIT APPLICATION

OWNER / APN

PLEASE PRINT

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

PLANS: _____ FINAL: _____

1. ASSESSOR'S PARCEL NO.	ADDRESS WHERE WORK WILL BE DONE		
2. OWNER	MAIL ADDRESS	ZIP	PHONE
3. CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.
4. ARCHITECT, DESIGNER OR ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO.
5. RESIDENTIAL OR COMMERCIAL STRUCTURE	NUMBER OF BUILDINGS NOW ON PROPERTY		
6. USE OF STRUCTURE	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE		

7. DESCRIBE WORK:

PLANNING STAMP

8. VALUATION OF WORK: \$ _____

SPECIAL CONDITIONS: _____

Application accepted by	Plans checked by	Approved for issuance by
PLUMBING PERMIT FEES		
No.	Type of Fixture or Item	Fee
	TRAPS	
	SEWERS	
	PRIVATE DISPOSAL SYSTEM	
	FIRE SPRINKLERS	
	WATER SYSTEM	
	GAS OUTLETS	
	REPAIR, ALTER DRAIN OR VENT SYSTEM	
	WATER HEATER VENT	
	EVAPORATIVE COOLER	
	HYDRONIC SYSTEM	
	MISC. APPARATUS	
	PERMIT ISSUANCE	
TOTAL FEE		

APPLICANT'S STATEMENT

Pursuant to section 7031.5 of the California Business and Professions Code:

I hereby acknowledge my understanding that unless exempted from the provisions of Chapter 9, Division 3 of the California Business and Professions Code, it is a misdemeanor for any person to engage in the business of, or act in the capacity of, a contractor within the State of California, without having a license therefore. (Check one of the boxes)

I am licensed under the provisions of Chapter 9, Division 3 of the California Business and Professions Code. My license number is _____ and this license allows me to perform the work for which this permit was issued. My license is in full force and effect.

I am not licensed under the provisions of Chapter 9, Division 3 of the California Business and Professions Code, but am exempted from provisions of said chapter based upon the following: (set forth basis of exemption)

Pursuant to section 3800 of the California Labor Law: (Check one of the following boxes)

I certify that under the provisions of the laws of Workman's Compensation that I have an active current Workman's Compensation Policy.

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 Workman's Compensation laws of California.

If after making the above such certificate, the applicant for this permit should become subject to the Workman's Compensation provisions of the State of California, you shall forthwith comply with the provisions of Workman's Compensation laws of this state, and shall show proof of such to this department or this permit shall be deemed revoked.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE) _____

BUILDING PERMIT FEE	PLAN CHECK FEE	
SMIP FEE	CONT. ED FEE	
TYPES OF CONST.	OCCUPANCY GROUP	SRF FEE
TOTAL SQ. FT.	NO. OF STORIES	NO. OF DWELLING UNITS

ELECTRICAL PERMIT FEES			
OUTLETS	RECEPT	LIGHT	SWITCH
		TOTAL	FIRST 20 OVER 20
RESIDENTIAL APPLIANCES			
RANGE	DRYER	WTR. HTR.	
STA. COOK	DISP.	F.A.U.	
SPACE HTR.	AIR COND.		
CLOTHES WASH.	DISH WASH		
FAN	OTHER		
MOTORS:			
NEW RESIDENTIAL CONSTRUCTION AT _____ c SQ. FT			
SIGNS			
TEMP. POWER <input type="checkbox"/> POLE <input type="checkbox"/> UNDGD			
SERVICE	0-200A		
MISC. APPARATUS			
PERMIT ISSUANCE			
TOTAL FEE			

MECHANICAL PERMIT FEES			
AIR CONDITIONING			
HEATING			
RANGE HOOD			
VENTILATION FAN			
WOOD STOVE			
MISC. APPARATUS			
PERMIT ISSUANCE			
TOTAL FEE			

SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED	INITIAL
ZONING				
HEALTH DEPT.				
SCHOOL FEES				
CAL FIRE				
SEWER DIST				
SOLID WASTE				

The permit is hereby approved for issuance and complies with all regulations governed by the Planning Department

ZONED _____

Signature and Date _____

WHEN PROPERLY VALIDATED IN THIS SPACE THIS IS YOUR PERMIT

PERMIT VALIDATION	CK	M.O.	CASH
TOTAL DUE _____			
AMT. PAID: _____			
DATE: _____			
RECEIPT NO.: _____			

OWNER-BUILDER VERIFICATION

- 1. I have received and read a copy of the Owner-Builder Information form. (yes or no)
2. I personally plan to provide the labor and materials for the construction of the proposed property improvements. (yes or no)
3. I have contracted with the following person (firm) to provide the proposed construction: Name, Address, City, Phone, Contractor's License No.
4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise and provide the major work: Name, Address, City, Phone, Contractor's License No.
5. I will provide some of the work but I have contracted (hired) the following persons to provide the work indicated: Name, Address, Phone, Type Work

Signature of Property Owner Date S.S.#

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm 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 No. Date Contractor

WORKER'S COMPENSATION DECLARATION

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

Policy No. Company Date Applicant
Certified copy is hereby furnished.
Certified copy is filed with the county building inspection department or county department.

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

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100.00) 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 Worker's Compensation Laws of California.

Date Applicant

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

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 that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above mentioned property of inspection purposes.

Signature of Applicant or Agent Date