

## BUILDING PERMIT APPLICATION

### OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or country which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the application for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professional Code) or that he or she is exempt there from and the basis from the alleged examination. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

☐ 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. (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale).

☐ I, as owner, of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professional Code: The Contracts License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.).

☐ I am exempt under Section \_\_\_\_\_ B. & P. C. for this reason.

Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_

### LICENSED CONTRACTORS 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.

License Class \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date \_\_\_\_\_ Signature of Contractor \_\_\_\_\_

### 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, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ 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: \_\_\_\_\_  
(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 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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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.

### CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that this is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Clv. 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 representative of this City to enter upon the above mentioned property for inspection purposes.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



City of West Hollywood  
Building & Safety Division  
8300 Santa Monica Blvd  
West Hollywood, CA 90069  
Hours: 8:00a.m. to 4:00p.m.  
Monday – Thursday & Alternate Fridays  
Inspection Request Hotline (323) 848-6335

SITE ADDRESS		
BOOK	PAGE	PARCEL
PROPERTY OWNER		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		
*EMAIL ADDRESS		
ARCHITECT'S OR ENGINEER'S NAME		
		LICENSE NUMBER
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		
*EMAIL ADDRESS		
APPLICANT / CONTACT PERSON		
PHONE NUMBER		
*EMAIL ADDRESS		
CONTRACTOR'S NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		
*EMAIL ADDRESS		
EXPIRATION		
Every permit shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.		

## APPLICANT TO FILL IN (PLEASE PRINT OR TYPE)

### DESCRIPTION OF WORK:

OCC. GROUP	TYPE(S) OF CONSTRUCTION	NO OF STORIES
SQUARE FOOTAGE	FIRE SPRINKLERS REQUIRED	
	YES	NO
STATISTICAL CLASSIFICATION	UNIT(S)	CODE IN EFFECT
NO.		
SPECIAL CONDITIONS / PLANNING FILE NO.		
\$ _____	\$ _____	
INITIAL VALUATION	REVISED VALUATION	
PLAN CHECK FEE	\$ _____	
ADDITIONAL PLAN CHECK FEE	\$ _____	
PLAN CHECK NO.	INITIALS	DATE
	CK NO.	
ADDITIONAL PLAN CHECK NO.	INITIALS	DATE
	CK NO.	
<input type="checkbox"/> SCHOOL FEES PAID		
<input type="checkbox"/> HEALTH DEPT APPROVAL		
<input type="checkbox"/> SANITATION DIST. PAID		
<input type="checkbox"/> FIRE DEPT APPROVAL		
<input type="checkbox"/> PUBLIC WORKS FEES PD		
<input type="checkbox"/> SCAQMD		
<input type="checkbox"/> PLANNING APPROVAL		
<input type="checkbox"/> INDUSTRIAL WASTE APPRR.		
<input type="checkbox"/> _____		
<input type="checkbox"/> OSHA PERMIT OBTAINED		
Building Permit Fee \$ _____		
Issuance Fee \$ _____		
SMIP Fee \$ _____		
_____ \$ _____		
_____ \$ _____		
Total Building Permit Fee \$ _____		
PERMIT NO.	INITIALS	DATE
	CK NO.	
FINALED BY		DATE