

## PLANNING & COMMUNITY DEVELOPMENT BUILDING & SAFETY DIVISION

809 Center Street • Room 101 • Santa Cruz, CA 95060 (831)420-5120 • FAX (831)420-5434

Permit #:	
APPLICATION DATE:	
PERMIT APPLICATION EXPIRATION DATE:	
ESTIMATED PLAN CHECK REVIEW DUE DATE:	

## **BUILDING PERMIT APPLICATION**

							ESTIM	ATED PLAN CHECK RE	VIEW DUE DATE:		
Project Address:								APN:			
CHOOSE ONE:	New		ADD	ITION	R	EMODEL	ADDITION & REMO	REMODEL REPAIR			
RESIDENTIAL/TYPE:	SFD	A	DU	JADU	DUP	LEX R2		C	OMMERCIAL		
					Project	DESCRIPTION:					
	APPLI	CANT	1					OWNER			
(CHECK ONE)	PROPERTY OWNER	0wn	NER'S AGENT	Сонт	RACTOR	(CHECK ONE)	APPLICANT	Owner-Builder			
FIRST NAME/MI Address City	LAST NAME				FIRST NAME/MI ADDRESS CITY		Last	Name State	Zip		
PHONE E-MAIL	State Zip			PHONE E-MAIL			STATE	ZIP			
BUILDER						PLANS PREPARER					
(CHECK ONE)	CONTRACTOR LIC. TYP	PE/#:		Own	er/Builder	(CHECK ONE)	Architect/E	NGINEER	Designer	OWNER	
FIRST NAME/MI		LAST NA	ME			FIRST NAME/MI		Last Name		Lıc #:	
COMPANY NAME Address City Phone E-Mail		State Zip			COMPANY NAME ADDRESS CITY PHONE E-MAIL			State	Zip		
PERMIT SCOPE AREAS BUILDING INFORMATION											
Project	Area Description	-	OCCUPANCY C	LASSIFICATION Subgroup	CONSTRI GROUP	UCTION TYPE SUBGROUP	BUILDING AREA (SF)	(E) BUILDING AREA [SQUARE FEET] # OF STORIES:  CONDITIONED: ATTACHED GARAGE			
								Unconditioned: TOTAL: CURRENTLY SPRII	IKLERED?	BASEMENT	NO
								OTHER - SEE HTTPS:	//vw8.cityofsantace	RUZ.COM/PUBLIC/:	
								WUI Zon	E	FLOOD	Zone
								LIQUEFAC	TION ZONE		
								ONTRACT/BID AMOUNT A IIT VALUATION FOR CERTA			
								CONTRACT AMO	OUNT:		
						TOTAL AREA:					

The undersigned attests that, to the best of their knowledge, the above information is true and correct:

Applicant Name (print) Title Signature Date



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## Contractor's Declaration & Agency Authorization

State

Zip

Permit #:

#### **Licensed Contractor's Declaration**

I hereby affirm that I am licensed under the 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 #:
Date	Contractor's Signature
information is correct. City of Santa Cruz M State laws relating authorize representativ	It this application and state that the above agree to comply with all sections of the unicipal Code, County ordinances, and to building construction, and hereby res of the City of Santa Cruz to enter upon property for inspection purposes.
Date	Signature of Applicant or Agent
FO	R STAFF USE ONLY
-	nowledged of the amount shown on the es required by law for plan checking and
Building & Saf	ety Division
placement of the first structure, such as the	work shall be deemed as the actual transport permanent elements of the permitted ne foundation or pilings. Preparatory trary structures shall not constitute
corrections, shall be The building official period exceeding 180 allowed in the life of the	·
The issuance of a per	rmit based on plans, specifications, and

other data shall not prevent the building official from thereafter

requiring the correction errors discovered or from preventing

building operations being carried on there under when in

violation of any ordinances of the City of Santa Cruz.

# performance of the work for which this permit issued (Sec. 3097, Civ. C.). Lender's Name **Address**

I hereby affirm that there is a construction lending agency for the

#### **Worker's Compensation Declaration**

**Construction Lending Agency** 

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for performance of the work for which this permit is issued.

I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier	Policy #

(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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date	Signature of Applicant		
	Print Name		

WARNING: Failure to secure Worker's Compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand (\$100,000) in addition to the cost of compensation, damages as provided for in §3706 of the Labor Code, interest, and attorney's fees.