BUILDING PERMIT APPLICATION

CITY OF SAND CITY

APPLICATION DATE:	PERMIT NO.

ADDRESS / LOCATION OF WORK:	APN:

PROPERTY OWNER:	ADDRESS:	PHONE:
CONTRACTOR:	ADDRESS:	PHONE:
CONTRACTOR'S LICENSE NO:	WORKMAN'S COMP:	BUSINESS LICENSE NO:
ENG / ARCH:	ADDRESS:	PHONE:

DESCRIPTION OF WORK:

CIRCLE ONE:	NEW	ADDITION	REPAIR	ELECTRICAL	PLUMBING	MECHANICAL	DEMOLISH

TYPE OF CONSTRUCTION:	OCCUPANCY GROUP:	STORIES:
SITE DIMENSIONS AND AREA:	SIZE OF BUILDING:	ZONING:
MAX. OCCUPANCY LOAD:	NO. OF DWELLING UNITS:	DIVISION:

APPLICABLE DEPTS. FINAL APPROVAL:		**ADDITIONAL INFORMATION:**		**VALUATION:**	$
PLANNING DEPT.	DATE:	GRADING:	CU.YRD. CUT:	PLAN CHECK	$
FIRE DEPT.	DATE:		CU.YRD. FILL:	PERMIT	$
PUBLIC WORKS	DATE:			STRONG MOTION	$
HEALTH DEPT.	DATE:	ELECTRICAL:	SERVE/FEED - 200 AMP	BLDG. DEV. FEE	$
SEWER DEPT.	DATE:		SERVE/FEED - 200-1000 AMP	PLAN REVISIONS	$
WATER DISTRICT	DATE:		SERVE/FEED - OVER 1000 AMP	OTHER	$
PLAN CHECKER	DATE:		# OF OUTLETS/FIXTURES	OTHER	$
SCHOOL DIST.	DATE:		MOTOR: HP,KW,KVA:	OTHER	$

APPROVED & ISSUED BY:	**DATE:**	**TOTAL DUE:**	$
		DATE PAID:	

IN CONFORMITY WITHT THE PROVISIONS OF SECTION 3880OF THE LABOR CODE OF THE STATE OF CALIFORNIA, THE APPLICANT SHALL FILE WITH THE BUILDING OFFICIAL, THE CERTIFICATES DESINGNATED IN (1) AND (2) BELOW AND/OR SHALL INDICATE ITEM (3), (4) OR (5), WHICHEVER IS APPLICABLE.

(1) CERTIFICATE OF CONSENT OF SELF-INSURED ISSUED BY THE DIRECTOR OF INDUSTRIAL RELATIONS

(2) CERTIFICATE (OR EXACT DUPLICATE COPY) OF WORKER'S COMPENSATION INSURANCE ISSUED BY AN ADMITTED INSURER.

A. THE COST OF THE WORK TO BE PERFORMED IS $300 OR LESS.

B. 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 COMPENATION LAWS OF CALIFORNIA.

C. I CERTIFY THAT THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF CHAPTER 9 (COMMENCING AT SECTION 7000) OF THE DIVISION 3 OF THE BUSINESS AND PROFESSIONS CODE AND THE CALIFORNIA STATE CONTRACTORS BOARD.

THIS PERMIT EXPIRES IF THE BUILDING OR WORK AUTHORIZED HEREIN IS NOT COMMENCED WITHIN 180 DAYS FROM DATE OF APPROVAL, OR IF WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS OR ABANDONED AFTER EXPIRATION.

THIS PERMIT MUST BE RENEWED BEFORE THE WORK MAY BE COMENCED AGAIN. GRADE LINES AS SHOWN ON DRAWINGS ACCOMPANYING THIS PERMIT ARE ASSUMED TO BE CORRECT. IF ACTUAL GRADE LINES ARE NOT THE SAME AS SHOWN, REVISED DRAWINGS SHOWING CORRECT GRADE LINES, CUTS AND FILLS, TOGETHER WITH COMPLETEE DETIALS OF REATINGING WALLS AND WALL FOOTINGS REQUIRED MUST BE RESUBMITTED TO THE DEPT. OF PLANNING AND BUILDING FOR APPROVAL.

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 PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONRTRACTOR OR AUTHORIZED AGENT _____ DATE: _____

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE: _____

SAND CITY OFFICE: 394-6700	**NOTE:**
MONTEREY BLDG. DEPT.: 646-3890	**REQUESTS FOR INSPECTIONS MUST BE MADE 24 HOURS IN ADVANCE.**
PLEASE SUPPLY A LIST OF ALL	**I THE APPLICANT AM RESPONSIBLE FOR SCHEDULING**
SUB-CONTRACTORS.	**INSPECTIONS WITH THE BLDG. DEPT.** Initial: