

BUILDING PERMIT APPLICATION



BUILDING SERVICES DIVISION
1960 Tate Street
East Palo Alto, CA 94303
Tel. 650-853-3189 Fax: 650-858-3179
building@cityofepa.org
www.cityofepa.org/building

Please print clearly and fill in all that apply:

LICENSED CONTRACTOR 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.

Date: _____ Contractor Signature: **X** _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. 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 (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improve thereon, and who does the work himself or herself or through his or her own employees, provided that the 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 Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractors' State License Law.).

I am exempt under Sec. _____, B.& P.C. for this reason: _____
Date: _____ Owner: **X** _____

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 for 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 #:** _____

(This section need not be completed if this 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: _____ **APPLICANT:** **X** _____

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 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 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 for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT: **X** _____ **DATE:** _____

PLEASE PRINT NAME: _____

See reverse side

Project Information:	
Date: _____	
Job Address: _____	
Existing Fire Sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valuation of Construction: \$ _____	
Occupancy Type: _____	
Construction Type: _____	
Sq. Ft. of Construction: _____	
Number of new buildings & units: _____	

Is this permit to clear a Code Enforcement violation? Yes No

Type of Permit(s) Applying for:

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Sign
<input type="checkbox"/> Solar PV	<input type="checkbox"/> Address Assignment
<input type="checkbox"/> Revision	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Attached ADU	<input type="checkbox"/> Addition
<input type="checkbox"/> Detached ADU	<input type="checkbox"/> Junior ADU
<input type="checkbox"/> Other: _____	

Description of Work:

(Please be detailed, anything not noted will not be covered in permit)

Property Owner Information:

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Permit Applicant Information:	
<input type="checkbox"/> Property Owner	
<input type="checkbox"/> Property Owner will complete the work (submit completed Owner-Builder Declaration).	
<input type="checkbox"/> Licensed Contractor will complete the work (information to be provided prior to permit issuance).	
<input type="checkbox"/> Contractor	
<input type="checkbox"/> Authorized Agent	
(for contractors submit company letterhead with ID, for property owners submit Permit Issuance Authorization Form)	
Company Name: _____	
Applicant Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Email: _____	
Contractor Information:	
Company Name: _____	
Company Address: _____	
License Class & Number: _____	
City Business License Number: _____	
(current business license with the City of East Palo Alto is required, please contact 650-223-7740 for new licenses or renewals).	
Worker's Compensation Information:	
<input type="checkbox"/> Current Worker's Compensation Insurance	
Policy Number: _____	
Carrier: _____	
Expiration Date: _____	
<input type="checkbox"/> Self-Insured	
<input type="checkbox"/> Exempt from Worker's Comp. (sole employee)	
Architect/Engineer:	
CA License Number: _____	
Expiration Date: _____	

PLEASE NOTE OUR OFFICE ACCEPTS CHECK, CASH OR MONEY ORDER PAYMENTS, NO CREDIT/DEBIT CARDS.

Permit Counter hours are listed online at www.cityofepa.org/building.