

1SITE INFORMATION		3BUILDING			
PROJECT ADDRESS		USE OF BUILDING		DESCRIPTION	
ASSESSOR PARCEL NUMBER	NEAREST CROSS STREET	GROUP	DIVISION	TYPE OF CONSTRUCTION	DWELLING UNITS
OWNER	PHONE	NEW	ADD/ALTER	REPAIR	MOVE
MAIL ADDRESS		SIZE OF BUILDING		VALUATION	
		'X' ' =		SQ. FT. @ \$ ' = \$	
CONTRACTOR		STATE LICENSE NO.		SIZE OF GARAGE	
				'X' ' =	
MAIL ADDRESS		PHONE		PORCHES, PATIO, FIREPLACE, ETC.	
				'X' ' =	
DESCRIPTION OF WORK		TOTAL VALUATION \$			
		Plan Check Fee \$		BUILDING PERMIT FEE \$	
		ADA \$1 <sup>00</sup> CBSC \$_____		STATE SEISMIC FEE \$	
2LEGAL DECLARATIONS		4PLUMBING			
LICENSED CONTRACTOR DECLARATION		No.		Type Fixture or Item	Each
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.				Water Closet (Toilet)	
Lic. Number _____ License Class _____				Bath Tub	
Contractor _____ Date _____				Shower	
OWNER-BUILDER DECLARATION				Lavatory (Wash Basin)	
I hereby affirm that I am exempt from the Contractor's License Law for the following reason:				Kitchen Sink	
<input type="checkbox"/> 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.				Laundry Tub or Tray	
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.				Clotheswasher Waste Pipe	
<input type="checkbox"/> I am exempt under Sec. _____, B., & P. C. for this reason:				Dishwasher	
Owner _____ Date _____				Garbage Disposal	
WORKERS' COMPENSATION DECLARATION				Water Piping System	
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.).				Gas Line System	
Company _____ Policy No. _____				Water Heater with Vent	
<input type="checkbox"/> Certified copy is hereby furnished.				House Sewer	
<input type="checkbox"/> Certified copy is filed with the Building Dept. City of Blue Lake				Other	
Applicant _____ Date _____				Issuance Fee	
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE		PLUMBING PERMIT FEE \$			
(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)		5MECHANICAL			
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.		No.			Each
Applicant _____ Date _____				Heating Appliance	
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith 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 for inspection purposes.					
NOTICE					
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANY TIME AFTER WORK IS COMMENCED.					
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT					
SIGNATURE OF OWNER (IF OWNER BUILDER)					
		6ELECTRICAL			
		No.			Each
				Fixtures	
				Switches - Receptacles	
				Range	
				Amp - meter	
				Dryer	
				Sub Panel	
				Battery Backup	
				Solar	
				Issuance Fee	
		ELECTRICAL PERMIT FEE \$			
		REFERRAL FEES \$			
		TOTAL PERMIT FEES \$			

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

ISSUED BY \_\_\_\_\_

Cash

Check No. \_\_\_\_\_

PERMIT NUMBER