Visit the City's Website for City Forms, Handouts and Fees (click here)

Project Street Address: 1555 N Olive St	Plan Check #: 58851	Permit #:

General Acknowledgements: MUST BE COMPLETED

By signing below, the following declarations are made and acknowledged below as applicable to either a licensed contractor OR owner of the real property referenced above:

- I certify that I have read this application and state that the above information is correct.
- I agree to comply with all City ordinances and state laws relating to building construction, and authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.
- The building will not need to comply with HSC Sec. 25505, 25533, and 25534 (Hazardous Materials)
- This project is not funded by a construction-lending agency.

☐ **Owner/Builder:**

- I have attached a copy of the Owner/Builder Acknowledgement and Verification Form (click here) and a copy of my drivers license with the form or the form is notarized.
- 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 provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

☐ **Contractor: Check ONE box only:** I hereby affirm under penalty of perjury one of the following declarations:

☐ **(Self Insured)** 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.

☐ **(Workers Comp)** 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.

☐ **(Exempt)** 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 provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

If you are the agent for the licensed Contractor, please provide a letter of authorization on Contractor Company letterhead, naming you as an authorized agent to obtain permits on behalf of the contractor. **Must be signed.**

☒ Signature: _____ Date: _____

Print Name: _____

☐ **Property Owner -** Provide Owner Builder Acknowledgement City Form (click here) **AND** a copy of **Driver's License**

☐ **Property Owner Agent -** Provide Agent Authorization Form (click here)

☐ **Contractor** (Provide Letter of Authorization on Contractor Company Letterhead if you are not an owner of the company.)

Contractor License #: _____

Business License #: _____ City Business License New or Renewal (click here)