

# Application for Building Permit

(Must be complete, legible and accurate)

## City of Los Banos

Building Department  
520 J Street  
Los Banos, CA 93635

Application Date: \_\_\_\_\_  
 Building Permit No: \_\_\_\_\_  
 Plan Check No: \_\_\_\_\_

**BUILDING TYPE:**     Residential     Commercial     Industrial     Other: \_\_\_\_\_  
**PERMIT TYPE:**     New Construction     Addition     Remodel     Other: \_\_\_\_\_

**Phone: (209) 827-7000 Ext. 125**  
**Fax: (209) 827-5921**

**Description of Job to be done:** \_\_\_\_\_

Job Address: _____	City/State: Los Banos, CA	Zip: 93635
Nearest Cross Street: _____	Lot # _____	
A.P.N.: _____	Valuation: \$ _____	Sq. Ft.: _____

Owner's Name: _____	Phone: (____) _____
Address: _____	City/State: _____ Zip: _____

Contractor: _____	Phone: (____) _____
Address: _____	City/State: _____ Zip: _____
State Contractor's License #: _____	Classification: _____ Expiration Date: _____
Business License #: _____	

### APPROVAL REQUIRED FROM PLANNING DEPARTMENT

<u>Subdivision :</u>	<u>Number of Existing Buildings:</u>	<u>Zone:</u>
<u>Census Tract:</u>	<u>Environmental Exempt:</u>	
<u>Setbacks/ Front:</u>	<u>Setbacks/ Side:</u>	<u>Setbacks/ Rear:</u>
<u>Between Buildings:</u>	<u>House/ Pool:</u>	<u>Other:</u>
<u>Comments:</u>		
<u>Approved By:</u>	<u>Date:</u>	

#### Building Fees Collected:

#### City Impact Fees Collected:

Building Permit	\$	Traffic Fee	\$	Regional Trans. Fee	\$
Plan Check	\$	Water Connection	\$	Community Center	\$
SMI	\$	Sewer Connection	\$	City Hall Fee	\$
PME	\$	Police Fee	\$	Corporation Yard	\$
GPM	\$	Fire Fee	\$	Administration Fee	\$
CDD Plan Check	\$	Storm Drainage	\$	Hazard Mitigation	\$
Green Fee SB1473	\$	Public Facilities	\$	Traffic Mitigation	\$
		Park Improvement	\$	Other	\$
Street Trees	\$	Park Dedication	\$	Impact Fees Due	\$

**ADDITIONAL FEES MAY BE REQUIRED, CONTACT THE CITY FOR MORE INFORMATION**

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 PROFESSIONALS CODE AND THAT MY CONTRACTORS LICENSE IS IN FULL FORCE AND EFFECT AND THAT ALL INFORMATION PROVIDED BY ME REGARDING THIS IS TRUE AND CORRECT. I ALSO AFFIRM UNDER PENALTY OF PERJURY THAT MY WORKER'S COMPENSATION DECLARATION OR CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE AND LEND AGENCY INFORMATION ARE TRUE AND CORRECT.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

PRINT NAME OF SIGNER: \_\_\_\_\_

LICENSE# \_\_\_\_\_ LICENSE CLASS \_\_\_\_\_

## WORKER'S COMPENSATION DECLARATIONS

I HEREBY AFFIRM THAT I HAVE A CERTIFICATE OF SELF-INSURED, OR A CERTIFICATE OF WORKERS' COMPENSATION INSURANCE, OR A CERTIFIED COPY THEREOF (SEC. 3000, LAB. C)

POLICY # \_\_\_\_\_ COMPANY \_\_\_\_\_

- CERTIFIED COPY IS HEREBY FURNISHED.  
 CERTIFIED COPY IS FILED WITH THE BUILDING INSPECTION DEPARTMENT OF THE COUNTY OF SAN BENITO.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

## OWNER BUILDER DECLARATION

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT I AM EXEMPT FROM PROVISIONS OF THE CONTRACTORS LICENSE LAW (CHAPTER 9 OF DIVISION 3 OF THE BUSINESS AND PROFESSION CODE) BECAUSE: (CHECK APPLICABLE STATEMENT)

- A. I AM THE OWNER OF THE ABOVE PROPERTY AND I WILL CONTRACT TO HAVE ALL THE WORK PERFORMED BY LICENSED CONTRACTORS.  
 B. I AM THE OWNER OF THE PROPERTY AND THE WORK WILL BE PARTIALLY ACCOMPLISHED IN ACCORDANCE WITH STATEMENT "A" AND THE OTHER WORK WILL BE ACCOMPLISHED IN ACCORDANCE WITH STATEMENT "C".  
 C. I AM THE OWNER OF THE ABOVE PROPERTY AND I WILL PERFORM ALL THE ABOVE WORK PERSONALLY OR THROUGH MY EMPLOYEES WHOSE SOLE COMPENSATION WILL BE WAGES, AND THE ABOVE DESCRIBED STRUCTURE IS NOT INTENDED OR OFFERED FOR SALE.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF SIGNATURE \_\_\_\_\_

## CERTIFICATE OF EXEMPTION FROM WORKER COMPENSATION INSURANCE

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.

APPLICANT Signature \_\_\_\_\_ DATE \_\_\_\_\_

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 (SECTION 3097, CIR. 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 THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

APPLICANT OR AGENT: \_\_\_\_\_

APPLICANT OR AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_