



Application for Building Permit

(Must be complete, legible and accurate)

County of San Benito
Resource Management Agency
2301 Technology Parkway
Hollister, CA 95023
PH # 831-637-5313
FX # 831-636-4176

Application Date: _____ Building Permit No: _____

Only licensed contractors, property owners or authorized agents with written authorization may obtain permits.

BUILDING TYPE (Select Applicable): Commercial Industrial Residential Ag Exempt Multi-Family (3+ Dwellings)

CONSTRUCTION TYPE (Select Applicable): New Construction Addition Remodel Demolition Other: _____

PERMIT TYPE (Select Applicable): Building Mechanical Plumbing Electrical Re-Roof

COMPLETE SCOPE OF WORK: _____

PROJECT VALUATION: \$ _____

JOB ADDRESS: _____ CITY: _____ ZIP: _____

A.P.N.: _____ SUPERVISORIAL DISTRICT: _____ NEAREST CROSS STREET: _____

OWNER NAME: _____ PHONE: _____ E-MAIL _____
ADDRESS: _____ CITY: _____ ZIP: _____

APPLICANT NAME: _____ PHONE: _____ E-MAIL _____
ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR NAME: _____ PHONE: _____ E-MAIL _____
ADDRESS: _____ CITY: _____ ZIP: _____
LICENSE #: _____ LICENSE TYPE: _____

ARCHITECT-ENGINEER NAME: _____ PHONE: _____ E-MAIL _____
ADDRESS: _____ CITY: _____ ZIP: _____
LICENSE #: _____ LICENSE TYPE: _____

| EXISTING | | PROPOSED | GRADING <input type="checkbox"/> YES <input type="checkbox"/> NO | |
|---|-------|---|---|--|
| RESIDENTIAL | | | CUT _____ (cy) FILL _____ (cy) IMPORT _____ (cy) | |
| <input type="checkbox"/> LIVING AREA | _____ | _____ S.F. | AREA OF DISTURBANCE _____ (S.F.) | |
| <input type="checkbox"/> GARAGE/CARPORT | _____ | _____ S.F. | | |
| <input type="checkbox"/> DECK | _____ | _____ S.F. | | |
| <input type="checkbox"/> PORCH | _____ | _____ S.F. | | |
| <input type="checkbox"/> STORAGE | _____ | _____ S.F. | | |
| <input type="checkbox"/> REMODEL | _____ | _____ S.F. | | |
| <input type="checkbox"/> RETAINING WALLS | _____ | _____ L.F. | | |
| <input type="checkbox"/> OTHER: | _____ | _____ S.F. | | |
| COMMERCIAL /INDUSTRIAL | | | | UTILITIES <input type="checkbox"/> WELL <input type="checkbox"/> SEPTIC <input type="checkbox"/> PUBLIC |
| <input type="checkbox"/> OFFICE | _____ | _____ S.F. | | |
| <input type="checkbox"/> MEDICAL | _____ | _____ S.F. | | |
| <input type="checkbox"/> RETAIL | _____ | _____ S.F. | | |
| <input type="checkbox"/> RESTAURANT | _____ | _____ S.F. | | |
| <input type="checkbox"/> WAREHOUSE | _____ | _____ S.F. | | |
| <input type="checkbox"/> RETAINING WALLS | _____ | _____ L.F. | | |
| <input type="checkbox"/> OTHER | _____ | _____ S.F. | | |
| AGRICULTURAL | | | WILL YOU OR YOUR CONTRACTOR PERFORM ANY OF THE FOLLOWING: <input type="checkbox"/> CONSTRUCT/UPGRADE A FENCE? <input type="checkbox"/> CONSTRUCT/UPGRADE DRIVEWAY? <input type="checkbox"/> CONSTRUCT NEW ROAD OR UPGRADE AN EXISTING APPROACH? <input type="checkbox"/> INSTALL UTILITIES/SERVICES IN COUNTY RIGHT-OF-WAY? <input type="checkbox"/> WILL NOT BE PERFORMING ANY OF THE ABOVE ACTIONS. | |
| <input type="checkbox"/> OTHER: | _____ | _____ S.F. | | |
| ROUTING SLIP | | | | |
| <input type="checkbox"/> BUILDING REVIEW | | <input type="checkbox"/> ENGINEERING/PUBLIC WORKS | | |
| <input type="checkbox"/> PLANNING REVIEW | | <input type="checkbox"/> CODE ENFORCEMENT | | |
| <input type="checkbox"/> FIRE DEPARTMENT REVIEW | | <input type="checkbox"/> ENVIROMENTAL HEALTH | | |

TOTAL SIZE OF STRUCTURE: _____ S.F. BEDROOMS: _____ EXISTING _____ PROPOSED

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS ACCURATE. 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/AGENT SIGNATURE _____ PRINT NAME: _____ DATE: _____

APPROVAL REQUIRED FROM PLANNING DEPARTMENT

For Planning Department Use Only

| | | | |
|--|---------------------------------|--|---|
| 1. LEGAL LOT/ REFERANCE # : | 7. SLOPE % : | 13. GRADING : <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. OWNERSHIP <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. PARCEL SIZE : | 8. LANDSLIDE HAZARD: | 14. FLOOD PLAIN : <input type="checkbox"/> Yes <input type="checkbox"/> No | VERIFICATION: 22. EXISTING S.F.D. : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. NAME OF HOA* : | 9. FIRE HAZARD : | 15. VIOLATIONS : <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. SETBACKS MET : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. HOA APPROVAL: | 10. CEQA DOC. : | 16. SEISMIC ZONE: <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. LAND CONSERV. : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. PLANNING PERMIT REQ'D : <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. ARCH. ZONE : | 18. BUILDING ENVELOPE : <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. DEED RESTRIC. : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. PLANNING PERMIT # : | 12. ZONING: | 19. SCENIC HWY : <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. CONTIG. PARCELS OWNED: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 20. GRADE 1 SOILS : <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. CONFORM. PARCEL: <input type="checkbox"/> Yes <input type="checkbox"/> No |

OWNER BUILDER DECLARATION

DIRECTIONS: Read and initial each statement below to signify you understand or verify this information

___1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

___2. I understand building permits are not required to be signed by property owners unless they are *responsible* for the construction and are not hiring a licensed Contractor to assume this responsibility.

___3. I understand as an "Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.

___4. I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

___5. I understand if I employ or otherwise engage any persons, other than California licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "employer" under state and federal law.

___6. I understand if I am considered an "employer" under state and federal law, I must register with the state and federal government, withhold payroll taxes, provide workers' compensation and disability insurance, and contribute to unemployment compensation for each "employee." I also understand my failure to abide by these laws may subject me to serious financial risk.

___7. I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless *all* work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.

___8. I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.

___9. I understand I may obtain more information regarding my obligations as an "employer" from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors' State License Board (CSLB) at 1-800-321-CSLB (2752) or www.cslb.ca.gov for more information about licensed contractors.

___10. I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the following address:

___11. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.

___12. I agree to notify the Building Inspection Division immediately of any additions, deletions, or changes to any of the information I have provided on this form. Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors' State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner-Builder and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers' compensation insurance coverage.

Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit. Note: A copy of the property owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.

Signature of property owner _____ Date: _____

Note: The following Authorization is required to be completed by the property owner only when designating an agent of the property owner to apply for a construction permit for the Owner-Builder.

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): _____

Project Location or Address: _____

Name of Authorized Agent: _____ Tel No _____

Address of Authorized Agent: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. **Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.**

Property Owner's Signature: _____ 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 PROFESSIONS 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 LENDING 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-INSURANCE, 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 ON FILE WITH THE BUILDING INSPECTION DEPARTMENT OF THE COUNTY OF SAN BENITO.

APPLICANT SIGNATURE: _____ DATE _____

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 THE STATE OF CALIFORNIA.

APPLICANT SIGNATURE _____ DATE _____

NOTICE TO APPLICANT: IF AFTER SIGNING 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: _____