City of South Pasadena

1414 Mission Street
South Pasadena, CA 91030
Office Hrs: 7:30 am to 5:00 pm, M-Th
7:30 am to 4:00 Friday
Phone Number (626) 403-7220
Insp. Request (626) 403-7226

BUILDING PERMIT APPLICATION

STREE ADDRESS		
ASSESSOR PARCEL NUMBER BOOK PAGE PARCEL		
ADDITIONAL INFORMATION LEGAL DESCRIPTION		
OWNER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
PRINCIPAL DESIGNER'S NAME		LICENSE NO,
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
CONTACT PERSON		
PHONE NUMBER		
CONTRACTOR'S NAME		
STREET ADDRESS		
CITY	STATE	**ZIP** CODE
LICENSE CLASS	LICENSE NUMBER	EXPIRATION DATE
PHONE NUMBER		
WORKERS COMPENSATION INSURANCE COMPANY NAME		
WORKER'S COMP. INSURANCE POLICY NUMBER		EXPIRATION DATE

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 703L5 of the Business and Professions Code):

❑ 1, 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 of the Business and Professions Code).

❑ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044 of the Business and Professions Code).

❑ I am exempt under Section_____ , Business and Professions Code for the following reason; _ _____

Signature: _____ Date:_____

LICENSED CONTRACTOR'S DECLARATION

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.

Signature: _____ Date:_____

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 listed in the left column of this application.

❑ 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 I 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.

Signature: _____ Date:_____

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Name: _____

Signature: _____ Date: _____

DESCRIPTION OF WORK		
OCCUPANCY GROUP	TYPE OF CONSTRUCTION	AREA
OCCUPANCY GROUP	TYPE OF CONSTRUCTION	AREA
NUMBER OF STORIES	FIRE SPRINKLERS ❑ YES ❑ NO	CODE IN EFFECT
STATISTICAL CLASSIFICATION NO.: UNITS:		PLANNING FILE NO.

$_____ INITIAL VALUATION $_____ REVISED VALUATION

PLAN CHECK FEE $_____
ADDITIONAL PLAN CHECK FEE $_____

PLAN CHECK NUMBER	INITIALS	DATE

ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE

❑ SCHOOL FEES PAID ❑ SCAQMD
❑ SANITATION DIST. PAID ❑ INDUSTRIAL WASTE APPROVAL
❑ HEALTH DEPT. APPROVAL ❑ OSHA PERMIT OBTAINED
❑ FIRE DEPT. APPROVAL ❑ PUBLIC WORKS **FEES** PAID

BUILDING PERMIT FEE $_____
ISSUANCE FEE $_____
SMIP FEE $_____
PLAN MAINTENANCE FEE $_____
_____ $_____
_____ $_____

TOTAL $_____

PERMIT NUMBER	INITIALS	DATE

DATE OF FINAL FINAL BY