



ALHAMBRA FIRE DEPARTMENT

301 NORTH FIRST STREET
 ALHAMBRA, CALIFORNIA 91801
 (626) 570-5193

PERMIT APPLICATION

DATE:	PROJECT ADDRESS:
SCOPE OF WORK:	

APPLICANT/CONTRACTOR'S NAME:			
Email:			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	LICENSE NUMBER	LICENSE CLASS	EXPIRATION DATE

WORKERS' COMPENSATION INSURANCE COMPANY NAME:	
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 7031.5 of the Business and Professions Code):

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 (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 _____ Print Name _____ 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 _____ Print Name _____ 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 above 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 this Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature _____ Print Name _____ Date: _____

For Fire Department Use Only

PLAN CHECK & PERMIT FEES\$ _____

RECHECK/MISCELLANEOUS FEES\$ _____

TOTAL: \$ _____

PROJECT NUMBER	DATE OF ISSUE	ISSUE BY	DATE OF FINAL	FINAL BY
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