



COMMUNITY DEVELOPMENT DEPARTMENT

411 Main Street - 2nd Floor BUILDING DIVISION
P.O. Box 3420 (530) 879-6700
Chico, CA 95927 Fax (530) 895-4726
http://www.chicoca.gov

Building Permit Application 02

Permit #

Property / Project Description

Property Location or Address

Assessor's Parcel # (If known)

Description of work to be performed

Estimated Project Cost \$
3 Complete sets of signed and/or stamped plans for building permits (additional sets may be required by other divisions)

Applicant: Owner Contractor Engineer Architect

Name

Mailing Address

City State Zip

Telephone Email

Contractor

Name

Mailing Address

City State Zip

Telephone Email

Contact

Name

Mailing Address

City State Zip

Telephone Email

Licensed Design Professional (Architect or Engineer)

Name

Mailing Address

City State Zip

Telephone Email



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LICENSED CONTRACTOR'S DECLARATION

City Business License No. _____

Contractors State License No. and Class _____

** I hereby affirm under penalty of perjury that I am licensed under the 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.

WORKERS' COMPENSATION DECLARATION

{This section need not be completed if the permit is for (\$500), or less}

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:

Carrier _____ Policy # _____

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 provisions of Section 3700 of the labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

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 the City of Chico to enter upon the above-mentioned property for inspection purposes.

Date _____ Print Name _____

Signature _____