

CITY OF LA PUENTE • BUILDING DEPARTMENT
 15900 East Main Street • La Puente, CA 91744-4788
 (626) 855-1500 FAX (626)961-4626

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____
 Certified copy is hereby furnished

Certified copy is filed with the city building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$ 100) or less.)

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.

Date _____ Applicant _____

NOTICE TO APPLICANT It 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.

LICENSED CONTRACTORS 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

License Number _____ Lic. Class _____

Contractor _____

I am exempt from the Licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7C51, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

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Lender's Name _____

Lender's Address _____

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Signature of Applicant or Agent _____ Date _____

TO BE COMPLETED BY APPLICANT			
BUILDING ADDRESS			
CITY		ZIP	
LOT SIZE	NO. EXIST. BLDGS		
TRACT	LOT NO.		
OWNER		TEL. NO.	
ADDRESS			
CITY		ZIP	
ARCHITECT OR ENGINEER			
ADDRESS			
CITY		LIC. NO.	
CONTRACTOR		TEL. NO.	
ADDRESS			
CITY		ZIP	
LIC. NO.		LIC. CLASS	
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	NEW <input type="checkbox"/>
DESCRIPTION OF WORK			ADD <input type="checkbox"/>
			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL. <input type="checkbox"/>
USE OF EXISTING BLDG.			URM <input type="checkbox"/>
APPLICANT (PRINT)		TEL. NO.	
ADDRESS			
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? YES NO			
WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQM), SEE PERMITTING CHECKLIST FOR GUIDELINES? YES NO			
I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2 CHAPTER 2.20, SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD			
OWNER OR AGENT _____			
P. C. FEE		PERMIT FEE	
S. M. I. P.		ISSUANCE FEE	
INVESTIGATION FEE		TOTAL FEE	

APPLICATION FOR BUILDING PERMIT

BUILDING ADDRESS			
NEAREST CROSS STREET			
ASSESSOR MAP BOOK		PAGE	PARCEL
GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
STATISTICAL CLASSIFICATION CLASS NO. DWELL. UNITS			APT. CONDO
VALUATION \$		VALIDATION	
\$			
FINAL DATE			
FINAL BY			

PLANS TO APPLICANT					INSPECTOR'S NOTES
TO:		RETURNED		APPROVED	
NO.	DATE	NO.	DATE		
APPROVALS		REQUIRED		DATE RECEIVED OR APPROVED	
		YES	NO		
WATER CERTIFICATE					
HEALTH DEPT.					
FIRE DEPT.					
GRADING					
GEOLOGICAL					
PEDESTRIAN PROTECTION					
SPECIAL INSPECTION					
LOT DRAINAGE					
PARKING					
APPROVALS		DATE	INSPECTOR'S SIGNATURE		
LOCATION - (SETBACK & YARDS)					
FOUNDATIONS					
SLAB					
FRAME					
ENERGY INSULATION					
LATH/DRYWALL - INTERIOR					
LATH - EXTERIOR					
HOUSE NUMBER -					
FINAL - ENTER ON FRONT					

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CITY COPY

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Lender's Name _____

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Signature of Applicant or Agent _____ Date _____

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CITY		ZIP	
LOT SIZE	NO EXIST BLDGS		
TRACT	LOT NO		
OWNER	TEL. NO		
ADDRESS			
CITY		ZIP	
ARCHITECT OR ENGINEER			
ADDRESS			
CITY		LIC. NO.	
CONTRACTOR		TEL. NO.	
ADDRESS			
CITY		ZIP	
LIC NO		LIC CLASS	
SO. FT. SIZE	NO OF STORIES	NO. OF FAMILIES	NEW <input type="checkbox"/>
DESCRIPTION OF WORK			ADD <input type="checkbox"/>
			ALTER <input type="checkbox"/>
USE OF EXISTING BLDG			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
APPLICANT (PRINT)			URM <input type="checkbox"/>
APPLICANT (PRINT)		TEL NO	
ADDRESS			
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S.M.I.P.		ISSUANCE FEE	
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APPLICATION FOR BUILDING PERMIT

BUILDING ADDRESS			
NEAREST CROSS STREET			
ASSESSOR MAP BOOK		PAGE	PARCEL
GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
STATISTICAL CLASSIFICATION CLASS NO. DWELL. UNITS			APT. CONDO
VALUATION \$		VALIDATION	
\$			
FINAL DATE			
FINAL BY			

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PERMITEE COPY

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OWNER		TEL. NO.	
ADDRESS			
CITY		ZIP	
ARCHITECT OR ENGINEER			
ADDRESS			
CITY		LIC. NO.	
CONTRACTOR		TEL. NO.	
ADDRESS			
CITY		ZIP	
LIC. NO.		LIC. CLASS	
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	NEW <input type="checkbox"/>
DESCRIPTION OF WORK			ADD <input type="checkbox"/>
			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
USE OF EXISTING BLDG.			DEMOL <input type="checkbox"/>
			URM <input type="checkbox"/>
APPLICANT (PRINT)		TEL. NO.	
ADDRESS			
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APPLICATION FOR BUILDING PERMIT

BUILDING ADDRESS			
NEAREST CROSS STREET			
ASSESSOR MAP BOOK		PAGE	PARCEL
GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
STATISTICAL CLASSIFICATION CLASS NO. DWELL UNITS			APT. CONDO
VALUATION \$		VALIDATION	
\$			
FINAL DATE			
FINAL BY			

READ CAREFULLY

This application is a building permit when properly filled out, signed, and validated for the correct permit fee in the validation space. Permission is therefore granted to do such work as indicated in this application, in accordance with, and subject to all of the provisions of the Building Code and related laws.

This permit becomes null and void if work is not commenced within 180 days from the date of issuance or if work is suspended at any time during construction for more than 180 days, or if any work is done on said building or structure in violation of any City ordinance or

State law relating thereto.

A street construction permit is required for any material storage or work done in the road right of way.

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ACCOUNTING COPY

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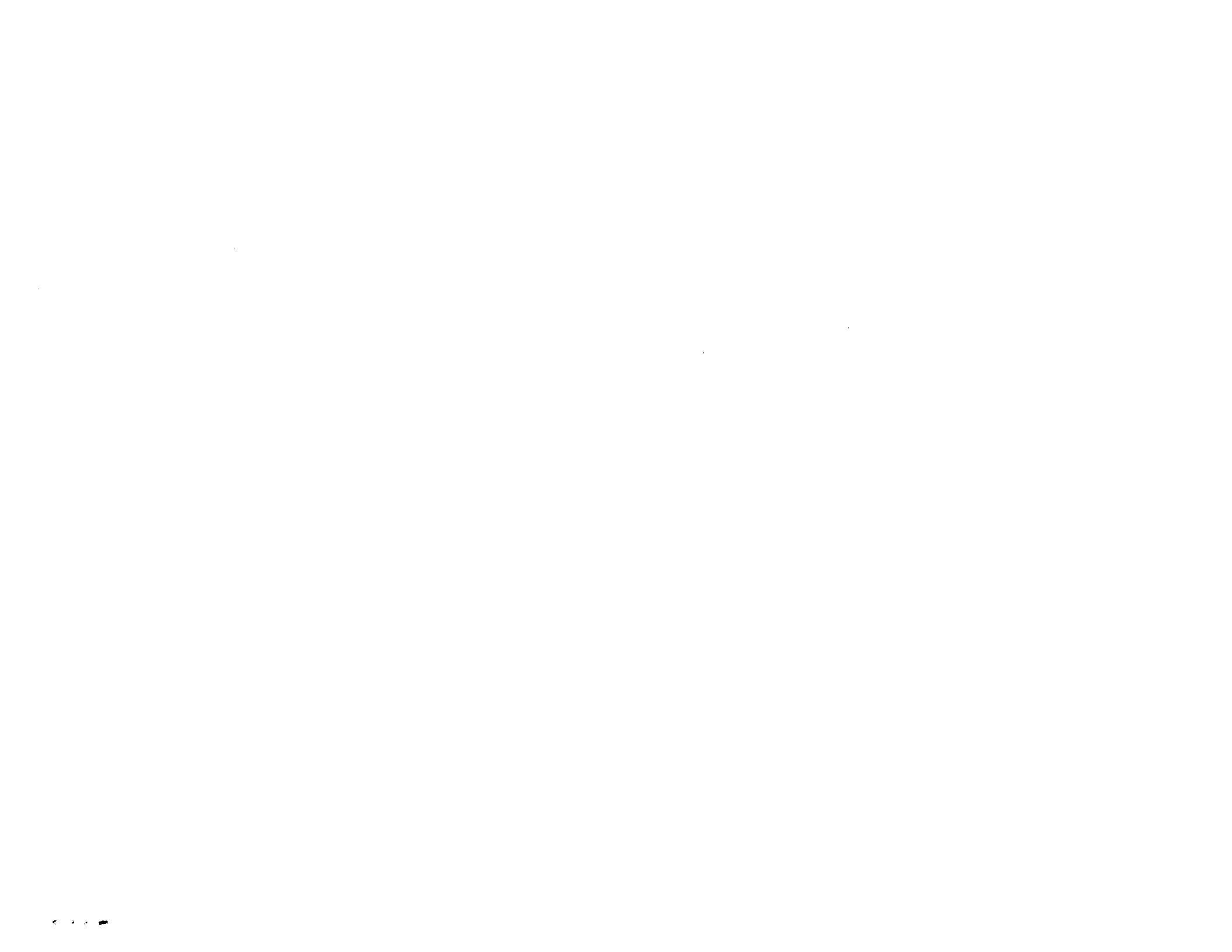
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CITY		ZIP	
LOT SIZE		NO. EXIST BLDGS	
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OWNER		TEL. NO.	
ADDRESS			
CITY		ZIP	
ARCHITECT OR ENGINEER			
ADDRESS			
CITY		LIC. NO.	
CONTRACTOR		TEL. NO.	
ADDRESS			
CITY		ZIP	
LIC. NO.		LIC. CLASS	
SG. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	NEW <input type="checkbox"/>
DESCRIPTION OF WORK			ADD <input type="checkbox"/>
			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
USE OF EXISTING BLDG.			URM <input type="checkbox"/>
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APPLICATION FOR BUILDING PERMIT

BUILDING ADDRESS			
NEAREST CROSS STREET			
ASSESSOR MAP BOOK		PAGE	PARCEL
GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY
STATISTICAL CLASSIFICATION DWELL. UNITS			APT. CONDO
VALUATION \$		VALIDATION	
\$			
FINAL DATE			
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SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	NEW	<input type="checkbox"/>	
DESCRIPTION OF WORK			ADD	<input type="checkbox"/>	
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