

# APPLICATION FOR BUILDING PERMIT



**CITY OF LARKSPUR**

**400 Magnolia Avenue, Larkspur, CA 94939**  
**(415) 927-5038**

Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Receipt No. \_\_\_\_\_

TOTAL \_\_\_\_\_

*Cal Health & Safety Code § 19825 Required declarations.*

## LICENSED CONTRACTOR'S 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 my license is in full force and effect.

License Class \_\_\_\_\_ License. No. \_\_\_\_\_

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

## WORKERS' COMPENSATION DECLARATION

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 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, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

**Policy #** \_\_\_\_\_

\_\_\_\_\_ 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 Number** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Name of Agent:** \_\_\_\_\_ **Tel. #** \_\_\_\_\_

\_\_\_\_\_ 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

**I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).**

Lender's Name \_\_\_\_\_

Lender's Address: \_\_\_\_\_

**By my signature below, I certify the following: I am a California Licensed Contractor, I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of the City of Larkspur to enter the above identified property for inspection purposes.**

**California Licensed Contractor or Authorized Agent**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Address** \_\_\_\_\_

*(Include Suite No and Tenant Name, if applicable)*

**Building Type** (circle one): Residential Commercial Other

**Assessor's Parcel No.** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Telephone/Cell phone: \_\_\_\_\_

Address if different than Project Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Architect/Engineer:** \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel/Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Job Value** (include labor & materials): \_\_\_\_\_

**Description of work** (details): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has this project been subject to a Planning permit approval. If yes, provide application no.:** \_\_\_\_\_

*I certify I have read this application and that the information I have provided herein is correct to the best of my knowledge. I agree to comply with all city, county and state laws relating to building construction, and hereby authorize representatives of this city to enter the project property for inspection purposes.*

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**NOTE: When properly validated this form constitutes a Building Permit. This permit expires and becomes null and void should work not be commenced within 180 days from the date of approval, or should authorized construction be suspended or abandoned for a period of 180 days after work is commenced.**

# DEPARTMENT USE ONLY

## APPROVALS

**PLANNING** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**DPW/ENGINEER** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**FIRE** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**BUILDING** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL CONDITIONS/COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Fee.....\$ \_\_\_\_\_  
Electrical ..... \_\_\_\_\_  
Plumbing ..... \_\_\_\_\_  
Mechanical..... \_\_\_\_\_  
T-24 Energy Insulation (charged for new sq. ft) . \_\_\_\_\_  
Accessibility Compliance Fee ..... \_\_\_\_\_  
Green Building Compliance Fee..... \_\_\_\_\_  
Plan Check ..... \_\_\_\_\_  
Outside Plan Check..... \_\_\_\_\_  
Outside Plan Check, 5% overhead fee..... \_\_\_\_\_  
Ord. No. 428/Bedrooms ..... \_\_\_\_\_  
SMIP ..... \_\_\_\_\_  
Plan Retention (# of pages)..... \_\_\_\_\_  
Planning Review ..... \_\_\_\_\_  
Engineering Review ..... \_\_\_\_\_  
Fire Review ..... \_\_\_\_\_  
Road Impact..... \_\_\_\_\_  
General Plan Maint. Fee ..... \_\_\_\_\_  
New Fee (SB 1473) Revolving Fund..... \_\_\_\_\_  
Penalty Fees ..... \_\_\_\_\_  
Business Fee (non-resident contractor) ..... \_\_\_\_\_  
Misc..... \_\_\_\_\_  
Misc..... \_\_\_\_\_

**TOTAL** .....\$ \_\_\_\_\_