

COMBINATION POOL/SPA PERMIT APPLICATION

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or country which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the application for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professional Code) or that he or she is exempt there from and the basis from the alleged examination. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

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. (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale).

I, as owner, of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professional Code: The Contracts License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Section _____ B. & P. C. for this reason.

Date _____ Signature of Owner _____

LICENSED CONTRACTORS 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 Number _____ Expiration Date _____

Date _____ Signature of Contractor _____

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 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 No: _____
(This section need not be completed if 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 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.

Date _____ Signature of Applicant _____

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.

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that this 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 _____

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 representative of this City to enter upon the above mentioned property for inspection purposes.

Date _____ Signature of Applicant _____



City of West Hollywood
California 1984

City of West Hollywood
Building & Safety Division
8300 Santa Monica Blvd
West Hollywood, CA 90069
Hours: 8:00a.m. to 4:00p.m.
Monday – Thursday & Alternate Fridays
Inspection Request Hotline (323) 848-6335

SITE ADDRESS _____

BOOK _____ PAGE _____ PARCEL _____

PROPERTY OWNER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

*E-MAIL ADDRESS _____

ARCHITECT'S OR ENGINEER'S NAME _____ LICENSE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

*E-MAIL ADDRESS _____

APPLICANT / CONTACT PERSON _____

PHONE NUMBER _____

*E-MAIL ADDRESS _____

CONTRACTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

*E-MAIL ADDRESS _____

EXPIRATION

Every permit shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.

APPLICANT TO FILL IN (PLEASE PRINT OR TYPE)

DESCRIPTION OF WORK:

SQUARE FOOTAGE	STANDARD PLAN	
	YES	NO
STATISTICAL CLASSIFICATION	CODE IN EFFECT	
NO.		

SPECIAL CONDITIONS / PLANNING FILE NO. _____

\$ _____ INITIAL VALUATION \$ _____ REVISED VALUATION

PLAN CHECK FEE \$ _____

ADDITIONAL PLAN CHECK FEE \$ _____

PLAN CHECK NO.	INITIALS	DATE
	CK NO.	
ADDITIONAL PLAN CHECK NO.	INITIALS	DATE
	CK NO.	

ALL BODIES OF WATER DEEPER THAN 18 INCHES SHALL BE FENCED IN ACCORDANCE WITH STATE LAW AND CITY ORDINANCE.

CONTACT THE BUILDING DEPARTMENT AND PLANNING DEPARTMENT FOR SPECIFICS ON FENCE AND GATE REQUIREMENTS.

Building Permit Fee \$ _____

Issuance Fee \$ _____

SMIP Fee \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Pool/Spa Permit Fee \$ _____

PERMIT NO.	INITIALS	DATE
	CK NO.	
FINALED BY		DATE