

**PLACER COUNTY COMMUNITY DEVELOPMENT RESOURCE AGENCY - BUILDING DEPARTMENT**

3091 County Center Drive, Suite 160, Auburn, CA 95603 (530) 745-3010 // 565 West Lake Boulevard, Tahoe City, CA 96145 (530) 581-6200  
<http://www.placer.ca.gov/CommunityDevelopment/Building.aspx>

**APPLICATION FOR CONSTRUCTION PERMIT**

RESIDENTIAL     COMMERCIAL     AGRICULTURAL     PLUMBING     ELECTRICAL     MECHANICAL

PROJECT ADDRESS: \_\_\_\_\_ APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PERMIT #: \_\_\_\_\_

NEAREST CROSS STREET OR INTERSECTION: \_\_\_\_\_

Does the business/facility/operation have the potential to emit any air pollutant; e.g., dust, soot, odors, fumes, vapors (including those from volatile organic compounds), or pollutants from the burning of fossil fuel from other combustion processes?  YES  NO

The business/facility/operation is not a single family or two family residence?  YES  NO

If you answered YES to both questions, Placer County Air Pollution Control District permit requirements may apply, please contact the District at (530) 745-2330. Information concerning permit applications may be found at [www.placer.ca.gov/apcd](http://www.placer.ca.gov/apcd)

If this is a commercial tenant improvement, what is the business name of the tenant? \_\_\_\_\_

If this is a commercial tenant improvement, what was the business previously occupying this space? \_\_\_\_\_

Is this application to construct a replacement for an existing structure:  YES  NO [A Separate Demolition Permit May Be Required]

Is this application being processed as a "hardship" or for temporary living accommodations?  YES  NO

**APPLICANT INFORMATION**  Primary Contact for Plan Check?

AGENT (COMPLETE INFO HERE) **OR**  PROPERTY OWNER  CONTRACTOR  ARCHITECT/DESIGNER  ENGINEER (SKIPTO SECTIONS BELOW)

Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

**ONLY PROPERTY OWNERS, LICENSED CONTRACTORS OR AGENTS WITH WRITTEN AUTHORIZATION MAY HAVE PERMITS ISSUED TO THEM**

**PROPERTY OWNER INFORMATION\***  Primary Contact for Plan Check?

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

OWNER/BUILDER? \*Proof of Ownership may be required

**CONTRACTOR INFORMATION**  Primary Contact for Plan Check?

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

License #: \_\_\_\_\_ License Class: \_\_\_\_\_

**ARCHITECT/DESIGNER**  Primary Contact for Plan Check?

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

License/Registration #:

**ENGINEER**  Primary Contact for Plan Check?

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

License/Registration #:

**TYPE OF WORK IS:** [Check all that apply]

- New Structure     Second Residence     Mobile Home     Addition     Remodel     Modular/MFG Unit     Ag Building  
 Tenant Improvement     Swimming Pool     Deck/Patio Cover     Fire Repair     Demolition     Termite Repair  
 Electric     Plumbing     HVAC/Mechanical     Winery/Wine Tasting     Other: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

The scope of this project **DOES NOT** include:  Electrical Work  Mechanical Work  Plumbing Work

OCCUPANCY TYPE	SQUARE FEET	CONSTRUCTION COST
LIVING SPACE [INCLUDES RESIDENTIAL STORAGE]		
LIVING SPACE / UNFINISHED		
GARAGE / STORAGE / BARN / SHOP		
DECK		
PORCHES / COVERED DECK / CARPORT / BREEZEWAY / TRELLIS		
BASEMENT		
CONVERSION FROM U-1 TO R-3 [GARAGE TO LIVING]		
POOL / REROOF / MOBILE HOME / SOLAR / SIGNS / CELL [VALUATION ONLY]	N/A	
SUNROOM / UNCONDITIONED		
OUTDOOR KITCHEN / COVERED		
AREA OF REMODEL WORK [SQUARE FEET]		
NEW COMMERCIAL <input type="checkbox"/> SHELL ONLY <input type="checkbox"/> FULLY IMPROVED		
COMMERCIAL TI		
WINERY / WINE TASTING		
OTHER		

**LICENSED CONTRACTOR DECLARATION:**

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.

DATE: \_\_\_\_\_ CONTRACTOR SIGNATURE: \_\_\_\_\_

**OWNER/BUILDER DECLARATION:**

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. 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  all of OR  portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

I am exempt from licensure under the Contractors' State License Law for the following reason:

\_\_\_\_\_

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

DATE: \_\_\_\_\_ OWNER SIGNATURE: \_\_\_\_\_

**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 No. \_\_\_\_\_

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 \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name of Agent \_\_\_\_\_ Tel No \_\_\_\_\_

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.

**CONSTRUCTION LENDING AGENCY:**

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 (Section 3097, Civil Code).

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

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

By my signature below, I certify to each of the following:

I am  a California licensed contractor or  the property owner\* or  authorized to act on the property owner's behalf\*\*.

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 this city or county to enter the above-identified property for inspection purposes.

**THIS PERMIT APPLICATION WILL EXPIRE AFTER 180 DAYS OF INACTIVITY PER CHAPTER 1 OF THE CBC**

SIGNATURE OF APPLICANT : \_\_\_\_\_ DATE: \_\_\_\_\_

\* Requires Separate Verification Form

\*\*Requires Separate Authorization Form