

# Building Permit Application

## PROJECT IDENTIFICATION All applicants must fill out this section

<b>PROJECT ADDRESS:</b> (required)		<b>APN NO.:</b> (required)	
<b>APPLICANT</b> Name:			
Address No.-Street:		City-State-Zip:	
Email:		Phone:	
<b>LEGAL OWNER</b> (if different from Applicant) Name:			
Email:		Phone:	
<b>DESIGN PROFESSIONAL IN CHARGE</b> if any		State License #:	
Firm Name:			
Address No.-Street:		City-State-Zip:	
Email:		Phone:	
<b>PERMIT TYPE</b> Check all that apply to the project:			
Building	Electrical	Mechanical	Plumbing
<b>BRIEFLY DESCRIBE SCOPE OF WORK:</b> (below)		<b>Valuation:</b>	

## APPLICANT INFORMATION Fill out only the applicant section that applies to you.

A. LICENSED CONTRACTOR			
COMPANY NAME:		CONTRACTOR'S LICENSE #:	
LICENSE CLASS:		LICENSE EXP. DATE:	
<b>LICENSED CONTRACTOR DECLARATION:</b> I hereby affirm under penalty of perjury that I am licensed under provisions of Business and Professions Code Division 3, Section 7000 of Chapter 9, and my license is in full force and effect.			
Signature of Contractor OR Authorized Agent		Print Name	Date
<b>DECLARATIONS</b> <small>All applicants must fill out this section. Signature applies to both declarations.</small>			
<b>WORKERS' COMPENSATION DECLARATION.</b> WARNING: Failure to secure workers' compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in Labor Code Section 3706, interest, and attorney's fees. I hereby affirm under penalty of perjury one of the following declarations:			
<small>Check only one box:</small>			
a) 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 Labor Code Section 3700, for the performance of the work for which this permit is issued. My policy number is: _____			
b) I have and will maintain workers' compensation insurance, as required by Labor Code Section 3700, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy are:			
Carrier:		Phone:	
Policy #:		Expires:	
c) 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 Labor Code Section 3700, I shall comply with those provisions.			



## **EFFECTIVE JULY 1, 2011**

### Carbon Monoxide (CO) Alarms CA Senate Bill 183

Effective July 1, 2011, all existing single-family dwellings that contain a fossil fuel burning heater or appliance, fireplace, or an attached garage must install carbon monoxide alarms.

CO alarms must be either battery-powered or plug-in with batter back-up.

CO alarms must be installed outside of sleeping areas and on every level of a dwelling including the basement.

All other existing dwellings (multi-family) shall comply by January 1, 2013.

The City of Tehachapi Building Inspection Division will verify that ALL single family dwellings, with any active permit involving the same parcel, are equipped with CO alarms, regardless of permit issuance date of scope of work.

## **SMOKE ALARMS AND CARBON MONOXIDE ALARMS**

### **CERTIFICATION FORM**

The California Residential Code (CRC) Sections R314 and R315 require that smoke alarms and carbon monoxide alarms be installed when alterations, repairs or additions are performed. Generally, the alarms are required to be hard-wired, have battery backups, and be interconnected. However, they may be solely battery-operated under certain conditions as outlined in the CRC. Please refer to the appropriate sections of the CRC for more information. The alarms are required to be installed prior to the final inspection. An adult must be present during the final inspection to allow an inspector within the home to verify compliance with the above requirements. If an adult will not be present, you may complete the portion below to certify smoke and carbon monoxide alarms are installed in accordance with the CRC.

If you opt to forego this certification, the building inspector must have access to perform adequate inspections. Failure to complete this Certification Form or provide access to the inspector will result in an unfinished permit and possible expiration/cancelation of the permit. Please leave this signed Certification Form with the job card.

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Permit Number: \_\_\_\_\_

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

I hereby certify smoke alarms and carbon monoxide alarms have been installed in accordance with the CRC. (Must be signed by either the contractor or the property owner.)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date