



FAX - RESIDENTIAL APPLICATION FOR BUILDING PERMIT

OWNER-BUILDER / AGENT APPLICATION

Inspection Scheduling Call: (916) 851-8766

A. Building Project Information:

PERMIT # \_\_\_\_\_ APN: \_\_\_\_\_ Zoning: \_\_\_\_\_

Job Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

B. This is a RESIDENTIAL permit for: Building Mechanical Plumbing Electrical

C. Nature of Work: HVAC MISC. Siding (No P.C.) Roof PM&E Re-roof (No P.C.) Ground / Split OTHER

D. Job Valuation \$

Mail Permit to: Contractor Job Address CALL APPLICANT WHEN READY

Scope of Work: \_\_\_\_\_

D. 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)...

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...

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project...

I am exempt from licensure under the CSL 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...

Property Owner\* or Authorized Agent\*\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E. 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, 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:

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

**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.**

Property Owner\* or Authorized Agent\*\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F. 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 and Address: \_\_\_\_\_

**G. Declaration by Construction Permit Applicant:** By my signature below, I certify, under penalty of perjury, to each of the following:

- I am  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.

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**I authorize representatives of the City of Rancho Cordova to enter the above-identified property for inspection purposes**

Property Owner\* or Authorized Agent\*\* Signature \_\_\_\_\_ Date \_\_\_\_\_

\*requires separate verification form \*\*requires separate authorization form

Staff Verification of Applicant Authorization: \_\_\_\_\_

Fax Permits are accepted for **incidental RESIDENTIAL permits only**, such as re-roof, water heater change-outs, HVAC replacements (like-for-like), electric panel change-outs, sewer replacements, etc.

**CONTRACTOR PERSONNEL / PERMIT FACILITATORS:** To submit permits by fax, these types of applicants must first have a Letter of Authorization on file with the Building & Safety Division. This will require that the applicant bring in a notarized Letter of Authorization, on company letterhead, signed by a principal of the company, *prior* to applying by fax. After submitting this letter, the applicant named on the Letter of Authorization will be able to sign any pertinent permit-related documents, and the Building & Safety Division will process the Fax Permit Application. Multiple employees may be included on the Letter of Authorization. The Letter of Authorization must be updated every calendar year, or as new employees are added or removed by the applicant company.

**OWNER-BUILDERS / AGENTS FOR OWNER:** Property owners who wish to use the Fax Permit application must complete the Fax Permit Application, and the Notice to Property Owner form (RCB0827). Upon issuance of the permit, the property owner must provide proof of identity to the satisfaction of the Building & Safety Division. This may be in the form of a valid Driver's License or other State or Federal issued identification that may be used to verify the property owner's signature. If the property owner is having the fax permit picked up by an intermediary (such as a permit facilitator), then the property owner must complete the Authorization of Agent to Act on Property Owner's Behalf section of the Notice to Property Owner form (RCB0827), and that individual will need to present a copy of the property owner's identification for property owner's signature verification.

# REQUEST FOR PAYMENT BY CREDIT CARD

THE CITY OF RANCHO CORDOVA ACCEPTS THE FOLLOWING CARDS:



DATE: \_\_\_\_\_

I, \_\_\_\_\_ Authorize the City of Rancho Cordova to charge the amount of \$ \_\_\_\_\_ as payment for the following departmental fees.

XXXX	Building & Safety Division Permit Fees
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CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

3 DIGIT SECURITY CODE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE OF CARDHOLDER OR AGENT: \_\_\_\_\_

PRINTED NAME OF SIGNEE: \_\_\_\_\_

Please complete this form and fax it to: **(916-851-8762)**