

City of Sanger, California
Development Services Department
Building and Safety Division
1700 7th Street, Sanger, CA 93657
Phone: (559) 876-6300 Ext. 1510 / Fax: (559) 876-6323

Building Permit Application

*Date:						Denotes Required Field *
*Permit Type:		Commercial Building	☐ Mechanical	☐ Electrical		Pool
		Residential Building	☐ Plumbing	☐ Sign	Other:	
*Work Classificat	tion:	□ New	☐ Alteration	☐ Addition	Other:	
*Size / Square Fo	otage:		**Valuation:			
Describe Worl	<u>k:</u>				.	
# 1 OWNER I	NFOR	MATION:**				
Owner's Name):			Address:		Street Address
Home Telepho	ne:	Cell Num	nber:			
E Mail Address						City, State, Zip Code
		FORMATION:**	= :			
Applicant's Na	me:		· ————————————————————————————————————	Address	:	Street Address
Primary Teleph	ione.	Cell Nu	mher			
i mary roopii	<u> </u>					City, State, Zip Code
Is the Applican	t an Ag	ent for the Contractor?	☐ Yes ☐ No	E-Mail Ad	dress:	
#3 CONTRAC	TOR	INFORMATION:**				
Contractor's Na	ame:			Address	s:	
Primary Tolonia	one.	Cell Nu	mher			Street Address
rimaly relepto	O. IC	(A)				City, State, Zip Code
Primary Contac	t Perso	n:		E-Mail Ad	dress:	
#4 ADDITIO	NAL C	CONTACTS:				
Name:				Address:		Street Address
Primary Telepho	one:	Celi Nu	mber:			
						City, State, Zip Code
E-Mail Address:		 				
Select Title:	☐ Arc	chitect	Lender 🗀 O	ther:		License Number:
# 5 BUILDING	PRO.	JECT IDENTIFICATION	<u>NC</u>			
Property Location	er Addr	ess				
Property Owner's i	Name					
Licensed Design P	Profession	onal (Architect or Enginee	r) in charge of the projec	ct:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Mailing Address of	Licens	ed Design Professional:_		 	,	
License No	_					

6a - Licensed Contractor's Declaration

License Class	License No.	
Date	Contractor Signature	
#7-IDENTIFY WORKER	S'S COMPENSATION COVERAGE	
UNLAWFUL, AND SHALL SU THOUSAND DOLLARS (\$100	DECLARATION WARNING: FAILURE TO SECURE WORKERS' COMPENS IBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UI ,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES A R CODE, INTEREST, AND ATTORNEY'S FEES.	P TO ONE HUNDRE
l hereby affirm under penalty of	perjury one of the following declarations:	
☐ I have and will maintain a Relations as provided for by Sec	certificate of consent to self-insure for workers' compensation, issued by the ction 3700 of the Labor Code, for the performance of the work for which this perm	e Director of Industria
Policy No.		
I have and will maintain wor	kers' compensation insurance, as required by Section 3700 of the Labor Code, issued. My workers' compensation insurance carrier and policy number are:	for the performance of
Carrier	Policy Number Expiration Date	·
Name of Agent I certify that, in the performa become subject to the worker	Phone # nce of the work for which this permit is issued, I shall not employ any person s' compensation laws of California, and agree that, if I should become s ion 3700 of the Labor Code, I shall forthwith comply with those provisions.	in any manner so as t
Name of Agent I certify that, in the performate become subject to the worker compensation provisions of Sect	Phone # Phone # nce of the work for which this permit is issued, I shall not employ any person s' compensation laws of California, and agree that, if I should become s	in any manner so as t
Name of Agent I certify that, in the performa become subject to the worker compensation provisions of Sect Signature of Applicant	Phone #	in any manner so as t
Name of Agent I certify that, in the performa become subject to the worker	Phone #	in any manner so as t
Name of Agent	Phone #	in any manner so as tubject to the workers
Name of Agent I certify that, in the performa become subject to the worker compensation provisions of Sect Signature of Applicant * 8 - IDENTIFY LENDING Declaration Regarding Constitution Regarding	Phone #	in any manner so as tubject to the workers
Name of Agent I certify that, in the performa become subject to the worker compensation provisions of Sect Signature of Applicant # 8 - IDENTIFY LENDING Declaration Regarding Constitution Regarding Regarding Constitution Regarding Regard	Phone #	in any manner so as tubject to the workers
Name of Agent	Phone # Ince of the work for which this permit is issued, I shall not employ any person so compensation laws of California, and agree that, if I should become so ion 3700 of the Labor Code, I shall forthwith comply with those provisions. Date AGENCY struction Lending Agency perjury that there is a construction lending agency for the performance of the worde).	in any manner so as tubject to the workers
Name of Agent I certify that, in the performation become subject to the worker compensation provisions of Section Signature of Applicant # 8 - IDENTIFY LENDING Declaration Regarding Constitution and the property owner or author have read this application and the agree to comply with all application.	phone #	in any manner so as tubject to the workers

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility. I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project. Scope of Construction Project (Description of Work):