CITY OF DEL REY OAKS PERMIT APPLICATION



Type of permit requested. <u>Circle one</u>:

Dunanng	i idilibilig	moonamoar	_ ,000,,00,	Bemondon	
		APN	I #		
		Lot #	#	Block #	
Telephone Number Valuation \$_					
					Rec
		Pern	nit Fee \$	SMIP \$	
		SB1	473 \$		
Work (Comp	Pern	nit Total \$		
		Rece	eipt #		
LICE	NSED CONTR	ACTORS DECLAR	RATION		
	•	• ,	_	· ·	
	•				
License	Туре		C	lass	
	-	Dat	:e	-	
(OWNER/BUILI	DER DECLARATION	ON		
y or county whoce, also requorsions of the ons Code] or the	nich requires a lires the applic Contractor's Li at he/she is ex	a permit to constructant for such permicense Law [Chapte tempt there from ar	uct, alter, implict, alter, implicit to file a signer 9 (commended) and the basis for	rove, demolish, or repair any gned statement that he/she is cing with 7000) of Division 3 of or the alleged exemption. Any	
s not intended loes not apply . If, however,	I or offered for to an owner of the building or	or sale (Section 70 f property who buil improvement is sol	044, Business ds or improve ld within one y	s and Professions Code: the es such improvements are not year of completion, the owner-	
	Code: the Co				
ereon, and wh	o contracts fo		th a contracto	or(s) licensed pursuant to the	
		r such projects wi			
	LICEI licensed under ofessions Code License License License The Contra of or county who conditions of the bons Code] or the bons Code] or the bons Code] or the bons applicate the property, s not intended does not apply If, however, the of proving that the property, and	LICENSED CONTR licensed under provisions of ofessions Code and my liceLicense Type OWNER/BUILI om the Contractor's License of the	LICENSED CONTRACTORS DECLAR Licensed under provisions of Chapter 9 (comofessions Code and my license is in full force License Type Date OWNER/BUILDER DECLARATION OWNER/BUILDER DE	Lot # Tract Valuation \$ Plan Check Total Receipt # Permit Fee \$ SB1473 \$ Work Comp Permit Total \$ Receipt # LICENSED CONTRACTORS DECLARATION licensed under provisions of Chapter 9 (commencing with ofessions Code and my license is in full force and effect.	

WORKER'S COMPENSATION DECLARATION

	HEALTH: MPUSD:		
Approvals: ARC:	HEALTH:	MRWMD:	
		14514/145	
Issued by	Date	Permit No	
void if:1. Work is not started within 1802. Work is abandoned for more t3. An inspection is not performedDo not cover or conceal any content		ection. ted, the inspection is recorded o	on the job card
required to get copies of your r By Signing you agree to provid Signature of Contractor or Owner		ris PRIOR TO YOUR FINAL IN the City Clerk prior to project Date:	SPECTION. final.
Owner Contractor OR	Agent for: Ochractor Och	wner	
Applicant: X		Date:	
	cation and state that the above ing to building construction, and hoection purposes.		
WARNING: FAILURE TO SECT SUBJECT AN EMPLOYER TO	JRE WORKERS' COMPENSATI CRIMINAL PENALTIES AND CI E COST OF COMPENSATION, D	ION COVERAGE IS UNLAWF	UL, AND SHALI
•	of Section 3700 of the Labor Soc		·
in any manner so as to become become subject to the workers'	mance of the work for which this subject to the worker' compen compensation laws of California, of Section 3700 of the Labor Cod	sation laws of California, and again and agree that if I should become	gree that if I should ome subject to the
policy number are: Carrie <u>r</u> (This section need not be comple:	Policy ed if the permit is for one hundred	Expir dollars (\$100) or less).	es
Code, for the performance of the	ain workers' compensation inswork for which this permit is issued	•	
I have and will mainta	in a certificate of consent to sell Code, for the performance of the w	f-insure for workers' compens	•
l hereby affirm under penalty of po	erjury one of the following declarat	ions:	