



City of Placerville

Development Services Department
3101 Center Street, Placerville, CA 95667
Building Division – Phone: (530) 642-5240

Building Permit Application

(Contractor)

PROJECT INFORMATION

Project Address: _____ Permit Number: _____

Assessor's Parcel Number: _____ Project Valuation: \$ _____

Description: _____

PROPERTY OWNER

Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

CONTRACTOR

Business Name: _____

Contact Name: _____

Email: _____ Phone Number: _____

License #: _____ City Bus. License #: _____

DESIGN PROFESSIONAL ARCHITECT OR ENGINEER (if utilized)

Business Name: _____

Contact Name: _____

Email: _____ Phone Number: _____

License #: _____ City Bus. License #: _____

THIS PERMIT IS TO BE ISSUED IN THE NAME OF THE LICENSED CONTRACTOR WHO WILL BE RESPONSIBLE AND LIABLE FOR THE CONSTRUCTION

LICENSED CONTRACTOR'S DECLARATION: *For license holders or their authorized agents. Fill out completely.*
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.

License Class: _____ License #.: _____ Contractor Name: _____

Contractor Signature: _____ Date: _____

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: (select one)

☐ 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 Number: _____

☐ 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 Number: _____ Expiration Date: _____

☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner 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.

Applicant Signature: _____ Date: _____

Construction Lending: ☐ Construction Lending ☐ Not Applicable

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 8172, Civil Code).

Lender's Name: _____ Branch Designation: _____

Lenders Address: _____