

BUILDING PERMIT APPLICATION
City of Gilroy

7351 Rosanna Street
Gilroy, California 95020
(408) 846-0451 FAX: (408) 846-0429



PERMIT #: _____

DATE: _____

Received by: _____

Please print clearly and fill in all that apply.

PROJECT ADDRESS: _____

APN: _____; _____; _____ TRACT #: _____ LOT #: _____ SUBDIVISION: _____

PROPERTY OWNER (this section must be completed)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ MOBILE #: _____

EMAIL: _____

TENANT CO. NAME: _____

ARCHITECT **DESIGNER** **ENGINEER**

LICENSE REGISTRATION: _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ EMAIL: _____

CONTRACTOR or **OWNER-BUILDER**

STATE LICENSE #: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CLASS(ES): _____

PHONE #: _____

EMAIL: _____

CITY BUSINESS LICENSE #: _____

PROJECT CONTACT PERSON: _____ PHONE #: _____ MOBILE #: _____

EMAIL ADDRESS: _____

TYPE OF CONSTRUCTION: _____ OCCUPANCY: _____ ZONE: _____ SPRINKLERS YES NO

DESCRIPTION OF WORK:

CONSTRUCTION VALUATION: \$ _____

- | | | | | |
|--|---|--------------------------------------|---|---|
| <input type="checkbox"/> NONRESIDENTIAL | <input type="checkbox"/> RESIDENTIAL | | | |
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Termite/Dry Rot Repair | <input type="checkbox"/> Demolish |
| <input type="checkbox"/> Move Building | <input type="checkbox"/> Fire Sprinklers | <input type="checkbox"/> Sign | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Chimney Repair |
| <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Swimming Pool/Spa | <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Tanks | <input type="checkbox"/> Other: _____ |

Description: _____

DESCRIPTION OF BUILDING: (Please fill-in and mark all that apply)

- | | | | | | |
|---|--|---|--|---|---|
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Condominium | <input type="checkbox"/> Apartment Building |
| <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Historical | <input type="checkbox"/> Industrial | <input type="checkbox"/> Service Station | <input type="checkbox"/> Medical Building | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Educational/School | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> City/County Owned | <input type="checkbox"/> Church | <input type="checkbox"/> Store |
| <input type="checkbox"/> Other _____ | | | | | |

EXISTING: FLOOR AREA: _____ GARAGE: _____ OTHER: _____ # UNITS: _____

PROPOSED: FLOOR AREA: _____ GARAGE: _____ OTHER: _____ # UNITS: _____

Building Height: _____ Ft. Stories: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Total Number of Rooms: _____

Lot Size (Sq.Ft.): _____ Lot Dimension (Front/Side/Rear): _____ / _____ / _____ Coverage %: _____

Setbacks: FRONT: _____ REAR: _____ LEFT: _____ RIGHT: _____

New Landscape Area: _____ Rehabilitated Landscape Area: _____ Flood Zone: _____ Base Flood Elevation: _____

Total impervious area created or replaced: _____

OFFICE USE ONLY:

Routing: Building Planning Engineering Fire/Chem Control Other _____ **Due Date** _____

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under 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 No.: _____ License Class(s): _____
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:

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 No.: _____

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: _____

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.

Signature of Applicant _____ Date _____

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) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

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 (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

I am exempt from licensure under the Contractors' State License 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 intend to sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html.

Signature of Property Owner or Authorized Agent: _____ Date: _____

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: _____ Lender's Address: _____

CERTIFICATION

By my signature below, I certify to each of the following: I am the property owner or authorized to act on the property owner's behalf. I have read this 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. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Property Owner [] or Authorized Agent []

PRINT NAME: _____ Signature: _____ Date: _____

OFFICE USE ONLY

PLAN CHECK? [] YES [] NO [] EXPRESS PLAN CHECK [] CONTRACT PLAN CHECK [] IN-HOUSE PLAN CHECK

RECEIVED: # PLANS: _____ # STRUCTURAL CALCS: _____ # SOILS REPORTS: _____ # SPECIFICATIONS: _____

ROUTE TO: [] Building [] Planning [] Engineering [] Fire Prevention
[] Water Department [] Chemical Control [] Housing [] Police

HAZARDOUS MATERIALS [] YES [] NO SCHOOL FEES REQUIRED [] YES [] NO
PLANNING APPROVAL [] YES [] NO TITLE 24 CALCS. REQUIRED [] YES [] NO
SOILS REPORT REQUIRED [] YES [] NO ENGINEERING CALCS. REQUIRED [] YES [] NO
SEWER FEES REQUIRED [] YES [] NO SPECIAL INSPECTION REQUIRED [] YES [] NO
GRADING PLANS REQUIRED [] YES [] NO NEW CERTIFICATE OF OCCUPANCY [] YES [] NO

OTHER _____