

**CITY OF SALINAS PERMIT CENTER FAXED PERMIT APPLICATION (Payment by Credit Card Only)**

JOB ADDRESS (UNIT NUMBER)		
DESCRIPTION OF WORK		
VALUE & PERMIT FEE (City Entry)		
OWNER'S NAME		
ADDRESS (STREET, CITY, ZIP)		

CONTRACTOR & LICENSE #		
ADDRESS (STREET, CITY, ZIP)		
PHONE NUMBER & FAX NUMBER		

NAME AS IT APPEARS ON CARD		VISA OR MASTERCARD (CIRCLE ONE)
CARD NUMBER & EXPIRATION		

**DECLARATIONS: The State of California under §19825 for the Health and Safety Code Mandates the declarations below:**  
**LICENSED CONTRACTOR'S DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with §7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

Lic. Class \_\_\_\_\_ Lic No. \_\_\_\_\_ Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**WORKERS' COMPENSATION DECLARATION: WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PNALTIES AND DIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN §3706 OF THE LABOR CODE, INTEREST AND ATTORNEYS 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 §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 §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 No. \_\_\_\_\_

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 §3700 of the Labor Code, I shall forthwith comply with those provisions.

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

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter the above-mentioned property for inspection purposes.

Print Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_