

<u>City of Reedley</u> Building Department 1733 9th Street, Reedley, CA 93654

Phone: (559) 637-4200 ext. 225

Application Date:	

Building Permit Number:

DATE: _____

Application for Building Permit (Must be complete, legible and accurate)

(IVIUST DE COMP	nete, regione and accurate)	
Building Type Commercial Industrial Electrical Plumbing Mechanical Other	Water Heater □ Like for Like □ Tankless* *requires gas or electric load calc	Photovoltaic □ New □ Revision □ Panel Upgrade □ Modules □ kW
Project Description:		New SFD ONLY
		Building sq. ft:
		Garage sq. ft:
		Patio sq. ft:
		# of Bedrooms: # of Bathrooms:
JOB ADDRESS:	REEDLEY, CA 93654	<u>APN:</u>
LOT #: USE: OCCUPANCY:	PROJECT SQ FT:	VALUATION: \$
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JOB CONTACT: PHONE:	<u>EMAIL:</u>	
OWNER NAME:		PHONE:
ADDRESS:	CITY:	ZIP:
CONTRACTOR:	·	PHONE:()
ADDRESS:	CITY:	ZIP:
CONTRACTOR LICENSE NO:	EMAIL:	
	fice use only)	
ZONING: LOT COVERAGE:	ELIGIBLE	FOR CFD:
FLOOD CERTIFICATE REQUIRED : YES NO	FLOOD ZONE	:
SETBACKS: Front: Side:	Rear:	
COMMENTS:		
ENTITLEMENT #:		

APPLICATION RECEIVED BY: _____

LICENSED CONTRACTOR DECLARATION

EIGENSED CONTRACTOR DECLARATION	
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 70 and Professionals Code and that my contractor's license is in full force and effect and that all of the information provic correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption Insurance and lend agency information are true and correct.	ded by me regarding this is true and
Signed Dated	
Print Name of Signer	
License# License Class	
WORKER'S COMPENSATION DECLARATIONS	
I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certificate	ed copy thereof (Sec. 3000, Lab. C).
Policy# Company	
() Certified copy is hereby furnished () Certified copy is filled with the building inspect	tion department
Applicant Signature Dated	
OWNER- BUILDER DECLARATION	
I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Profession Code) because: (check applicable statement)	of Division 3 of the Business and
() A. I am the owner of the above property and I will contract to have all of the work performed by licensed cont	ractors.
() B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "accomplished in accordance with Statement "C".	A" and the other work will be
() C. I am the owner of the above property and I will perform all the above work personally or through my employee wages, and the above described structure is not intended or offered for sale.	byees whose sole compensation will
Applicant Signature Dated	
CERTIFICATE OF EXEMPTION FROM WORKER' COMPENSATION	INSURANCE
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manne Worker's Compensation Laws of California.	er so as to become subject to the
Applicant Signature Dated	
NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's C Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.	ompensation provisions of the Labor
CONSTRUCTION LENDING AGENCY	
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit	is issued (Section 3097, Cir. C)
LENDER'S NAME:	
LENDER'S ADDRESS:	
<u>SIGNATURE</u>	
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.	
PRINT APPLICANT OR AGENT NAME:	
APPLICANT OR AGENT SIGNATURE: DATE:	