



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING

BLD-2034
8/2/2019

Online Permit Application Signature Form

PROPERTY INFORMATION

Assessor Parcel Number(s):
Landowner:
Site Address:
Description:
Contractor: Phone:
Name & Address of Lender:

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the property owner, contractor, or am authorized to act on the property owner's behalf...
I agree to comply with all applicable city and county ordinances...
I authorize representatives of this county to enter the above-identified property...
My construction permit application is public record...
I acknowledge my application will expire after 360 days (90 days for As-Built structures) from submittal...

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.

Signature of Owner / Authorized Agent / Contractor Date
Print Name of Owner / Authorized Agent / Contractor Date

DISCLOSURES (PLEASE INITIAL 'YES' OR 'NO' TO EACH)

Yes No This project requires me to obtain a D.O.S.H Hazardous Activities Permit
Yes No 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 (Civil Code § 8102).

# Online Permit Signature Form

## WORKER'S 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 No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone 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 Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

\_\_\_\_\_

**Signature of Owner / Authorized Agent / Contractor**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Name of Owner / Authorized Agent / Contractor**

\_\_\_\_\_

**Date**

## SITE CHECK WAIVER REQUEST STATEMENT OF COMPLIANCE:

- I / We understand this request is to waive your department's preliminary site inspection prior to permit issuance. The purpose of this inspection is to identify any special site-specific circumstances such as drainage, expansive soil conditions, high ground water, unstable soil, foundation or other concerns that affect the project's design or scope of work.
- I / We certify that, to the best of my/our knowledge, none of the above conditions exists on the site or, if any do exist, the project has been designed to mitigate them.
- I / We acknowledge our responsibility to complete all work in accordance with the requirements of the technical codes and the construction and land use ordinances.
- I / We agree to comply with any additional requirements identified by the county building inspector during the construction process.
- I / We agree to stop work at the Building Inspector's request and obtain the services of a professional engineer or architect, licensed in California, to design all necessary corrective measures.

\_\_\_\_\_

**Signature of Owner / Authorized Agent / Contractor**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Name of Owner / Authorized Agent / Contractor**

\_\_\_\_\_

**Date**